



National Zone Charts Matrix & Labeling Lists Product Order Form

Shipping Information (Please print)

Contact Name		Company Name	
Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number			
City	State	ZIP + 4® Code	E-mail Address
Telephone Number (Include area code)		Fax Number (include area code)	

Billing Information (if different from Shipping Information)

Contact Name		Company Name	
Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number			
City	State	ZIP + 4® Code	E-mail Address
Telephone Number (Include area code)		Fax Number (include area code)	

National Zone Charts Matrix Product Subscription¹

Order Option: New Subscription Subscription Renewal Quantity X \$55.00 each = Cost \$

Media option: EPF (Electronic Product Fulfillment²) CD-ROM

The product is available on an annual subscription basis with periodic updates. An annual schedule is available online at <https://ribbs.usps.gov/index.cfm?page=zonecharts>.

Labeling Lists Product Subscription¹

Order option: New Subscription Subscription Renewal Quantity X \$60.00 each = Cost \$

Media option: EPF (Electronic Product Fulfillment²) CD-ROM

The product is available on an annual subscription basis with periodic updates. An annual schedule is available online at <https://ribbs.usps.gov/index.cfm?page=labelinglists>.

Important Notes

Note 1: If you plan to replicate one of more copies of either of these products, you must first complete and submit a license agreement along with the appropriate fees. To obtain a copy of this agreement and registration form, please call 800-238-3150, option 6.

Note 2: These products are accessible via the EPF, Electronic Product Fulfillment, website. Enter "1" as the quantity if choosing the EPF option. To access these products via EPF, you must complete and submit PS Form 5116, *Electronic Product Fulfillment Web Access Request Form*. To obtain a copy of PS Form 5116, please call 800-238-3150, option 6. Please see the address/fax information at the bottom of each form for proper submission, as these two forms need to be sent to different locations. Once both forms are received and processed, an email will be sent to you with notification of website access.

No refunds will be made on products returned with the tamper-evident seal broken. Damaged or unreadable media may be exchanged for an identical product.

Payment Information

Indicate the method of payment and mail this completed form and payment to the address below.

Please allow ten business days for processing and delivery. Customers needing assistance may contact the Customer Care Department at 800-238-3150, option 6. Prices subject to change without prior notice. Returned checks will incur a **\$25.00 fee**.

Mail order form and payment to:

ACCOUNTS RECEIVABLE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 231
MEMPHIS TN 38119-5772

FAX: 901-681-4409

Payment Method

Make check or money order payable to "United States Postal Service®"

- ACH Credit Check USPS® Money Order
 Visa American Express MasterCard

Card #

Card expiration date: ____ / ____
(MM/YY)

Authorized Personnel (please print)

Signature

The signature above indicates that signee accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.