

## Address Information System (AIS) Viewer Order Form

Shipping Information (Please print)								
Contact Name Comp			pany Name					
Street Address, PO Box, Rural/Contract Delivery S	ervice Rou	te and Box Nu	mber					
City	State	ZIP + 4 <sup>®</sup> Coo	de	E-mail Ac	E-mail Address			
Telephone Number (Include area code)	-	1	Fax Nu	mber (incl	ude area cod	de)		
Billing Information (if different from Shipping	g Informat	ion)						
Contact Name		Company Name						
Street Address, PO Box, Rural/Contract Delivery Service Route and Box Number								
City	State	ZIP + 4® Cod	de	E-mail Ad	ldress			
Telephone Number (Include area code)	Fax Number (include area code)				de)			
Ordering Instructions								
Products available for purchase are the City/S ZIP + 4 Retrieval. The Address Lookup function available for individual sale. All products are b Windows 2000, Windows NT, and Windows X Enter the quantity of each product. Multiply the	on is free vased on a P.	with the purcl an annual sub	hase of a	another p n with mo	oroduct. The onthly upda	Addre tes. Thi	ss Lookup function is not s software is compatible with	
Product Description Pr	oduct ID	9	Quantity	L	Cost		Purchase Amount	
City/State Delivery Type Retrieval AC	CS215R			X	\$ 60.00	=		
County Name Retrieval AC	N215R			X	\$ 60.00	=		
Delivery Statistic Retrieval AD	)S215R			X	\$ 85.00	=		
ZIP + 4 Retrieval AZ	24215R			X	\$ 60.00	=		
Address Lookup Free with the purchase			f anothe	er produc	t.		Total Amount Due	
Add purchase amounts and enter the total amount due						-		
Available on DVD media only.								
Payment Options Indicate the method of payment and mail this completed form and payr to the address below. Please allow 10 business days for processing an delivery. Customers needing assistance may contact the Customer Car Department at 800-238-3150. Prices subject to change without prior no Returned checks will incur a \$25.00 fee.				returned with the tamper-evident seal broken. Damaged or unreadable media				
Payment Method Make check or money order payable to "Unit		Postal Servi	ce®"					
ACH Credit Check USPS® Mo			Mail order form and payment to:					
Card #				ACCOUNTS RECEIVABLE—AIS VIEWER NATIONAL CUSTOMER SUPPORT CENTER				
Card expiration date: / (MM/YY)			UN 60	IITED STA	TES P CY PK	OSTAL SERVICE WY STE 231		
Authorized Personnel (please print)			FA	X: 901-68	1-4409	9		
Signature								
The signature above indicates that signee accepts the use of this card and agrees to comply with the			ing					