



Computerized Delivery Sequence (CDS) Customer Application/Renewal Form

Form Due December 31

Please Complete Front and Back

Customer ID:	USPS Use Only	Previous Customer ID: _	Initial Qualification
Primary Contact:		Phone:	Fax:
Primary Contact Email Address:			
Secondary Contact:		Phone:	Fax:
Secondary Contact Email Address:			
Company Name:			
Address:			Suite:
City:		State:	ZIP+4:

BILLING ADDRESS (if different from above)

Billing Contact:	Phone:	Fax:
Company Name:		
Address:		Suite:
City:	State:	ZIP+4:

Do you want your company listed on the USPS Web site (www.usps.com)? ☐ Yes ☐ No
If yes, please provide the mailing address and phone number you wish to be listed if different from above.

Address:		Suite:
City:	State:	ZIP+4:
Phone:	Fax:	Email Address/Web Site:

RENEWALS - Renewed Computerized Delivery Sequence (CDS) subscriptions will include those ZIP Codes and address groups that the CDS customer is qualified for at the end of the current CDS subscription. CDS subscriptions will only be renewed if all payments due the NCSC are current.

Privacy Notice - See our privacy policy on usps.com.

☐ I understand that in order to receive future updates, all appropriate fees must be returned and received by the NCSC on or before the due date indicated on the invoice. Failure to meet payment deadlines will result in disqualification.

Customers acknowledge by their signature below that the above named individuals are authorized to act on behalf of their company in matters dealing with the acquisition of CDS file information from the US Postal Service. Customers also acknowledge they understand the terms and conditions outlined in the *Domestic Mail Manual* section 507.8 and in the *CDS Users Guide* as they relate to the qualifications and acquisition of the CDS files.

Printed Name of Authorized Company Representative

Signature of Authorized Company Representative

Date



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Company Name:

Customer ID:

Fulfillment Options

Media	Density	Label Option	Character Set	Frequency
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☐ Electronic

Weekly*

☐ Electronic

Bi-monthly*

* Submission of Electronic Product Fulfillment Web Access form required for access to electronic files

CDS Customer Supplemental Data Options

Seed Address Options

Do you rent or lease your list to others?

If Yes, do you want to receive seed addresses from the NCSC?

(See CDS User Guide on Seed Addresses)

Yes	No

Congressional District Code Options

Do you wish to receive Congressional District Code information for the ZIP

Codes for which you are currently qualified? (No charge)

(See CDS User Guide for information about the Congressional District Code files available to CDS customers)

Yes	No

CDS No Stat Records

Do you wish to receive CDS No Stat Records information for the ZIP

Codes for which you are currently qualified? (Fee applies)

(See CDS User Guide for information about CDS No Stat Records)

Yes	No

Mail Form to: CDS DEPARTMENT
NATIONAL CUSTOMER SUPPORT CENTER
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1001

Or Fax to: 650-357-6741

For USPS Use Only

Date Application Received: _____

Received by: _____

Date Web Access Form Received: _____

Received by: _____

Folder Set-Up Date: _____

Base File Date (Cycle Date): _____

Base File Media: _____

Transaction Files Start Date: _____

Additional Base File Requests (dates): _____

Comments/Notes: