



DELIVERY UNIT SUMMARY

To request *DMM*® 507.8 Service, please complete this form **IN ITS ENTIRETY**. Customers requesting 507.8.5, Computerized Delivery Sequence (CDS) qualification, must also submit a completed Processing Acknowledgement Form (PAF), with the appropriate attachments. Sign all required documents and submit them, along with your file and/or address cards to the appropriate address shown on page 2 of this form.

CUSTOMER INFORMATION

RESTRICTED INFORMATION WHEN COMPLETED

5-Digit ZIP Code Submitted	Submitting <input type="checkbox"/> Cards <input type="checkbox"/> Address File	File Name	No. of Boxes/Containers/ Files Submitted	Date Submitted
Address Groups <input type="checkbox"/> City Residential <input type="checkbox"/> City Business <input type="checkbox"/> City Residential/Business <input type="checkbox"/> Rural <input type="checkbox"/> PO Box <input type="checkbox"/> All				

Are you a current CDS Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	USPS® Use Only	EAS Customer ID:
If yes, what is your CDS customer number:		EAS Control Number:

Company Name		
Primary Contact		Secondary Contact
Mailing Address		
City	State	ZIP+4®
Billing Address (If different from mailing address)		
City	Stat	ZIP+4
Primary Contact Phone Number ()	Primary Contact Fax Number ()	Primary Contact Email Address
Secondary Contact Phone Number ()	Secondary Contact Fax Number ()	Secondary Contact Email Address

If qualified, do you wish to receive CDS files? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the CDS Customer Application/ Renewal Form, (CDS-APP) and submit with your Delivery Unit Summary. This form can be found at: http://ribbs.usps.gov/files/CDS/ PRIVACY NOTICE - See our privacy policy on usps.com	CDS Medium Selection (If qualified, select one)		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CD-ROM	Email (3 meg)	HTTPS
	Density	—	—
	Label Option	NL	—
Character Set	ASCII	—	

LEVEL OF SERVICE REQUESTED (select one)

Level 1	Sequence addresses (no fee), remove undeliverable addresses (fee assessed). DMM 507.8.3.9	
Level 2	Sequence addresses (no fee), remove undeliverable addresses (fee assessed), plus identify location of missing addresses (no fee). DMM 507.8.4	
Level 3	Sequence addresses (no fee), remove undeliverable addresses (fee assessed), plus add missing or new addresses (fee assessed). DMM 507.8.5 (Required for CDS qualification)	
Customer acknowledges, by his/her signature below, that the above named individuals are authorized to act on behalf of their company in matters regarding acquisition of sequencing information from the United States Postal Service®. Customer has read and agrees to the terms and conditions to USPS Address Sequencing Service set forth in Section 507.8 of the <i>DMM</i> and USPS EAS and CDS User Guides. Customer agrees to pay all fees assessed by USPS in accordance with the <i>DMM</i> and acknowledges that all requests for USPS Address Sequencing Service processing will be identified on a USPS password-secured website.		
Name of Authorized Company Representative (please print)	Signature of Authorized Company Representative	Date

NOTE: Manual card customers **must** complete Columns A and B. Electronic file customers may list ZIP Code™ and the total count submitted for each address group selected for the ZIP Code in Columns A and B or attach a spreadsheet listing all ZIP Codes and counts included in the electronic file. Maximum addresses per electronic file is 500,000.

A Carrier Route Number (All Services)	B Count (All Services)	C Changes (All Services)	D	E	F	G	H Total Returned (All Services)	I Total Current Possible Deliveries (All Services)
			Nonchargeable Services		Chargeable Services			
			Missing Addresses (All Services)	Rural Addresses Converted (All Services)	Nonexistent Addresses Removed (All Services)	New Addresses Added (4.0)		
Totals:								

Completed by USPS		Internal USPS Use Only	
Total from Columns F & G		Scheme Used	
X	\$.41	Supervisor's Signature	Date Signed
Invoice Amount Due =		Date Cards/Files Received	Date Cards/Files Returned

<p>Mail Electronic Address Files to: CDS DEPARTMENT NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 225 N HUMPHREYS BLVD 501 MEMPHIS TN 38188-1001</p>	<p>Mail Payments for Electronic Address Files to: ACCOUNTS RECEIVABLE NATIONAL CUSTOMER SUPPORT CENTER UNITED STATES POSTAL SERVICE 225 N HUMPHREYS BLVD 501 MEMPHIS TN 38188-1099</p>
<p>Mail Address Cards to: MANAGER ADDRESS MANAGEMENT SYSTEMS UNITED STATES POSTAL SERVICE <<street address>> <<city, state, ZIP+4>></p>	<p>Mail Payments for Address Cards to: MANAGER ADDRESS MANAGEMENT SYSTEMS UNITED STATES POSTAL SERVICE <<street address>> <<city, state, ZIP+4>></p>

Transmit **Electronic Files** to:

Email: encsc@usps.gov (*maximum email size: 3 meg*)