



Electronic Product Fulfillment Web Access Request Form

This form is used to create a Web-based account with the National Customer Support Center (NCSC) which will be used to download files electronically from the Electronic Product Fulfillment (EPF) website. Multiple users within a single organization can download the product(s), excluding AIS Viewer; however, each user must have a separate EPF account.

Please allow 24 hours from receipt of payment before notification of product availability.

AIS Products		BMA Products	Licensing/Certification Products
<input type="checkbox"/> Carrier Route national	<input type="checkbox"/> Z4Change	<input type="checkbox"/> MAC Batch	<input type="checkbox"/> ACS (acct. # _____)
<input type="checkbox"/> Carrier Route by state	<input type="checkbox"/> ZIP + 4® national	<input type="checkbox"/> PAVE	<input type="checkbox"/> AMS API
<input type="checkbox"/> City State	<input type="checkbox"/> ZIP + 4 by state	Other Products	
<input type="checkbox"/> Delivery Statistics	<input type="checkbox"/> ZIPMove	<input type="checkbox"/> Labeling Lists	<input type="checkbox"/> CASS™/MASS™ (cust # _____)
<input type="checkbox"/> eLOT® national	<input type="checkbox"/> AIS Viewer	<input type="checkbox"/> National Zone Charts	<input type="checkbox"/> DPV®
<input type="checkbox"/> eLOT by state	CDS Products		
<input type="checkbox"/> Five-Digit	<input type="checkbox"/> Bi-Monthly	<input type="checkbox"/> ISC Zone Charts	<input type="checkbox"/> DSF2®
<input type="checkbox"/> RDI™	<input type="checkbox"/> Weekly	<input type="checkbox"/> County Project	<input type="checkbox"/> NCOALink®
AEC Products		<input type="checkbox"/> _____	<input type="checkbox"/> LACSLink®
<input type="checkbox"/> AEC / AECII®			<input type="checkbox"/> SuiteLink®

Customer Information	
Name	Email Address
Company Name	Telephone Number (include area code)
Business Address	Corporate HQ Location (if different from your Business Address)

Customer Computer Access Authorization

User Responsibility Agreement Statement: I am responsible for Logon/Logoff, all actions pertaining to the use of my assigned logon ID, and will not provide my logon ID to another person. I agree that access to computer data or files not authorized to me is prohibited. I understand my logon ID may be suspended indefinitely if I violate security procedures or fail to provide updated information for the information listed above whenever I change job positions. I agree that misuse of a USPS® computer system may result in disciplinary action and/or criminal prosecution. I understand that any detected misuse of a computer system will be reported to the Inspection Service.

Requester's Signature	Date
-----------------------	------

Manager Responsibility Agreement Statement: I agree that this logon ID will be used for authorized USPS work within the scope of my organization. I also agree that upon termination or transfer of the user, I will advise the Computer Systems Security Officer in writing as to the disposition of the computer files and/or data and logon ID. I will periodically review the use of the assigned logon ID and computer files and/or data.

Name	Date
Signature	Telephone Number (include area code)

Support and Return Information USPS Use Only

If you have any questions regarding this Web access request form, please contact support at 800-331-5747 or devsupport@usps.gov; otherwise, mail or fax this completed form to:

ADDRESS QUALITY PROGRAMS
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1001
FAX: 901-681-4582

DO NOT SEND PAYMENT WITH THIS FORM