

# DSF<sup>2</sup>™ PROCESSING ACKNOWLEDGEMENT FORM

The data contained within the DSF<sup>2</sup> Product is governed by 39 USC 412 specifically prohibiting the disclosure of mailing lists. The USPS® requires that each DSF<sup>2</sup> licensee have a written agreement for each of their DSF<sup>2</sup> customers prior to providing the DSF<sup>2</sup> service to prevent unlawful disclosure of USPS address data. This Processing Acknowledgement Form (PAF) constitutes that agreement. Any signature upon this PAF shall be considered valid for all purposes and have the same effect whether it is an ink-signed original or a photocopy or facsimile representation of the original document.

## LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

Telephone Number

Postal ID (for future use)

Tax Identification Number (TIN)

NAICS

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Name (Please print)

Title

Signature

Date

do hereby acknowledge that I understand the purpose of the DSF<sup>2</sup> service as provided by KnowledgeBase Marketing, Inc, a DSF<sup>2</sup> Licensee, is to process address lists for address hygiene, address attribute assignment, and address sequencing services to be used solely for the preparation of mailings to be submitted to the USPS for acceptance and delivery.

## LICENSEE

KnowledgeBase Marketing, Inc

Business Name (Please print)

Randall Herzog

Name (Please print)

Vice President, Processing

Title

Signature

Date

713.995.2200

Telephone Number

51-0390087

Tax Identification Number (TIN)

**BROKER/AGENT**    **LIST ADMINISTRATOR** (Check applicable box)

Business Name (Please print)

Address

City/State/ZIP+4

Name (Please print)

Title

Signature

Date

Telephone Number

Tax Identification Number (TIN)

NAICS

## For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: