

Postal Service™	Ileo Only	Accepted	

□ Declined

Bulk Proof of Delivery Application Declined Payment Authorization

A. General Information

Please print or type when completing this form.

The party that will be paying for the records must complete this payment authorization form. If a third-party designee will be paying for the records, then the third-party designee must complete this form. This form is required only for customers choosing the Pay As Compiled method of receiving records. It is not required for customers using Express Mail® Manifesting or Signature Confirmation™ service. Prior to submitting this form, all applicants must complete and

submit PS Form 5053, Bulk Proof of De	elivery Application	tion									
B. Payer Information — (To be o	completed b	y either the mailer or t	the third p	arty who	is res	ponsil	ble for _l	payment.)		
1. Company Name		7. Today's Date									
2. Dun & Bradstreet DUNS® Number (provide your client's DUNS number)			8. Point of	Contact							
3. Street Address (Number, street, suite, apt., etc.)			9. E-mail Address of Company Point of Contact								
			10. Telepho	one Numbe	er and E	xtensic	ึ่งท				
4. City	5. State	6. ZIP+4®	11. Fax Nu	mber							
C. Payment Information											
12. The person authorized to use the cr	edit card must	t sign and date the applica	tion as indica	ated below							
Provide the credit card information that y									rice™ will	charge	
payments to this credit card on the date	it complies the		-	-							
Discover Diners Club	American Exp	press Delinquent F withhold bulk									
□ Visa □ MasterCard	·	delinquent pe	riod. The Po								
Credit card number		the customer	s payment.						Fxr	o. Date (I	MM/YY)
										<u></u>	<u> </u>
						Ļ					
Name or Company Name (Please print	name as it ap	pears on credit card.)	Billing addre	ss (Please	print add	dress ex	actly as l	it appears o	on credit c	ard state	ment)
Signature		Date Signed									
D. Client DUNS Number(s)											
	poving for the	records and needs to indic	oto multiplo	aliant DLIN		boro no	oda ta a	omploto th	io opetior	Noto	A third
 Only a third-party designee who is party designee cannot receive the 	client's records	s without the client's conse	ent, which the	e client give	es on P	S Form	i 5053, B	Sulk Proof	of Deliver	y Applica	ation. A
third-party designee must include the	ne client's DUI	NS number in the electroni	ic file.								
Note: To include more client DUNS nu	Imbers write t	hem on a senarate sheet a	and staple th	at sheet to	this for	 m					
E. Application Submission Proce											
14. Fax or mail completed form to:		Questions about co	ompletina thi	s form? Cu	istomers	s who n	need tech	nical prog	ram assis	tance ma	av call
ACCOUNTS RECEIVABLE		Confirmation Servi payment assistanc	ces Technica	al Support (Center a	at 877-2	264-9693	3. Option 1.	Custom	ers that	need
NATIONAL CUSTOMER SUPPO	RT CENTER	15. Notes/Comment					ai 1-000	-200-0100.			
UNITED STATES POSTAL SERV	/ICE					- *					
6060 PRIMACY PKWY STE 201 MEMPHIS TN 38188-0001		16. Requestor's Sig	nature								

Fax Number: 901-681-4409