



Mailpiece Quality Control Self-Study Course Order Form

Customer Information (Please PRINT clearly) - All Fields Required

Contact Name

Company Name

Street Address (Number, street, suite, apt., etc.)

City

State

ZIP + 4®

Foreign Country Name (when applicable)

Telephone Number (include area code)

E-mail Address

Mail Pass/Fail documentation to...

 Contact (indicated above) Individual(s)**Ordering Instructions**

	Quantity		Price	=	Purchase Amount
Option 1: Administrator's Guide includes single <i>Administrator's Guide</i> TD-34A.	<input type="text"/>	X	\$5.00	=	\$ <input type="text"/>
Option 2: Student Guide includes <i>Student Guide</i> TD-34B. This option available free of charge if downloaded from http://pe.usps.gov/mpdesign/misc_docs/mqc.pdf .	<input type="text"/>	X	\$20.00	=	\$ <input type="text"/>
Option 3: Resource Kit includes postal templates and MQC Online Resource Guide.	<input type="text"/>	X	\$5.00	=	\$ <input type="text"/>
Option 4: Final Examination (Hardcopy) includes hardcopy final examination only (provided via <input type="checkbox"/> mail or <input type="checkbox"/> email [pdf file] after receipt of order form and payment).	<input type="text"/>	X	\$25.00	=	\$ <input type="text"/>
Option 5: Final Examination (On-line) includes on-line final examination only (confirmation number and instructions for exam sent via email after receipt of order form and payment).	<input type="text"/>	X	\$12.00	=	\$ <input type="text"/>

Total Purchase Amount. For each item, multiply the quantity by the price and enter the result as the purchase amount. Add the purchase amount for each item and enter the total purchase amount here. Then complete the billing information below.

\$ <input type="text"/>

NOTE: NO REFUNDS AVAILABLE.

Payment Method	
Make check or money order payable to "United States Postal Service"	
<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input type="checkbox"/> Discover	<input type="checkbox"/> Diners Club
<input type="checkbox"/> Visa	<input type="checkbox"/> American Express
<input type="checkbox"/> MasterCard	
Card #	<input type="text"/>
Card expiration date:	____ / ____ (MM/YY)
Authorized Personnel (please print)	_____
Signature	_____
The signature above indicates that signee accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.	

Mail* or fax completed order form to:

ACCOUNTS RECEIVABLE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001

FAX: 901-681-4409

* If paying by check or money order, mail payment and completed order form to the address above.

Note: To order additional training programs, copy or download this order form from the Postal Service Web site at www.usps.com/forms/allforms.htm. Examinations must be submitted within six months from the date order form is received by NCSC. Generally, the NCSC ships orders within 10-15 days of receipt. Customers needing assistance may call 800-238-3150.

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