



National Customer Support Center
**Address Change Service Application —
 Traditional**

Mail Classification	Company Name	Taxpayer ID
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ACS Contact Information		
Attention Line		
Company Name		
Street Address		Apt./Ste. Number
City	State	ZIP + 4 [®]
Telephone Number <i>(Include area code)</i>		
Fax Number <i>(Include area code)</i>		

Fulfillment	
File Options	
Web <i>(Complete PS Form 1357-W, Web Access Request)</i>	
CD-ROM (A)	
CD-ROM (B)	
Schedule	
Daily <i>(Web only)</i>	Bi-monthly
Bi-weekly	Monthly
Weekly	

ACS Shipping Information		
Attention Line		
Company Name		
Street Address		Apt./Ste. Number
City	State	ZIP + 4
Telephone Number <i>(Include area code)</i>		
Fax Number <i>(Include area code)</i>		

Ancillary Service Endorsement	
<i>(Options apply to First-Class Mail[®] service only)</i>	
<i>(Options apply to First-Class Mail[®] service only)</i>	
Address Service Requested	
Option 1	Option 2
Change Service Requested	
Option 1	Option 2

ACS Billing Information		
Attention Line		
Company Name		
Street Address		Apt./Ste. Number
City	State	ZIP + 4
Telephone Number <i>(Include area code)</i>		
Fax Number <i>(Include area code)</i>		

ACS Notification Option	
<i>(Periodicals Only)</i>	
Option 1	Option 4
Option 2	Option 5
Option 3	Option 6
See USPS [®] Publication 8-A, <i>Address Change Service — Traditional</i> , for a complete description of the Periodicals ACS notification options.	
Publication 8-A can be found at: http://www.usps.com/cpim/ftp/pubs/pub8A.pdf .	

ACS Participant Information				
Please enter the mailpiece title(s) for which you are requesting ACS participant codes. We will notify you about the codes within 10 days of receipt of your application. Photocopy additional pages if necessary.				
Mailpiece Title(s)	With Keyline <i>(Y or N)</i>	Keyline Length	Attribute <i>(A - Alpha, N - Numeric, or A/N - Alphanumeric)</i>	
	Y N		A N A/N	
	Y N		A N A/N	
	Y N		A N A/N	
	Y N		A N A/N	

Shipper-Paid Forwarding <i>(Standard Mail and Package Services)</i>	ACS Participant Code <i>(USPS[®] use only)</i>
Y N	
Y N	
Y N	
Y N	

Authorization	
I hereby authorize the United States Postal Service [®] to provide change-of-address information for the mailpiece title(s) listed, under the prescribed terms and conditions of the Address Change Service (ACS). I understand the ACS is an electronic enhancement to and not a replacement of the traditional manual address correction process. It is designed to reduce the volume of manual address corrections provided on properly endorsed ACS mail.	
Name <i>(Please print clearly)</i>	Title
Signature	Date Signed

Complete this application and mail or fax to:

ADDRESS CHANGE SERVICE DEPT
 NATIONAL CUSTOMER SUPPORT CENTER
 UNITED STATES POSTAL SERVICE
 6060 PRIMACY PKWY STE 201
 MEMPHIS TN 38188-0001

FAX: 901-821-6204
 Voice: 800-331-5746