LACS^{Link®} Key Personnel

LICENSING CONTA	CT: (Primary contacts	for licensing	issues)		
Company Name:					
Address:					
City:		State:		ZIP +	- 4: -
Phone: ()	-	Ext:		FAX: () -
Primary Contact:					<u> </u>
Phone: ()	-		Email:		
Alternate Contact 1:					
Phone: ()	-		Email:		
Alternate Contact 2:					
Phone: ()	-		Email:		
SITE CONTACT: (Prin	nary contacts for ope	rational issues	i)		
Company Name:					
Address:					
City:		State:		ZIP + 4:	-
Phone: ()	-	Ext:		FAX: ()	-
Primary Contact:					
Phone: ()	-	Er	mail:		
Alternate Contact 1:					
Phone: ()	-	Er	mail:		
Alternate Contact 2:					
Phone: ()	-	Er	mail:		
	rimary contacts for D	VD fulfillment)			
Company Name:					
Address:		Otata			
City:		State:		ZIP + 4:	-
Phone: ()	-	Ext:		FAX: ()	-
Primary Contact:					
Phone: ()	-	EI	mail:		
Alternate Contact 1:					
Phone: ()	-	Er	mail:		
Alternate Contact 2:					
Phone: ()	-	Er	mail:		

LACS^{Link®} Key Personnel

Company Name:	TECHNICAL CONTACT: (Primary cor	ntacts for technic	al issues)	
Address:	Company Name:			
City:				
Phone:		State:		ZIP + 4: -
Primary Contact:				
Phone: () - Email: Alternate Contact 1: - Email: - Phone: () - Email: - Alternate Contact 2: - Email: - - Phone: () - Email: - - Alternate Contact 2: - - Email: - - Phone: () - Email: - - - Address: - - Email: - <td< td=""><td></td><td></td><td></td><td></td></td<>				
Alternate Contact 1:			Email:	
Phone:	,			
Alternate Contact 2:			Email:	
Phone: Email:	,			
MARKETING CONTACT: (Information to be posted on USPS RIBBS Website			Email:	
Company Name:				
Company Name:				
Company Name:	MADIZETING CONTACT, (Information	e to be posted on		
Address:	MARKETING CONTACT. (IIIOIIIalioi	n to be posted on		
City:	Company Name:			
Phone: () - Ext: FAX: () - Primary Contact:				
Phone:	City:	State:		ZIP + 4: -
Phone:				
Phone:		<u> </u>		
Alternate Contact 1:	-		Email:	
Alternate Contact 2:				
Alternate Contact 2:	Phone: () -		Email:	
Phone: Email:	× ,			
Company Web site:	Phone: () -		Email:	
Customer Service Email: Customer Service Phone: BILLING CONTACT: (Primary contacts for billing issues) Company Name: Address: City: Phone: () - Ext: FAX: () - Primary Contact: Phone: () - Email: Alternate Contact 1: Phone: () - Email: Alternate Contact 2:				
BILLING CONTACT: (Primary contacts for billing issues) Company Name: Address: City: State: ZIP + 4: - Phone:) - Primary Contact: Ext: FAX:) Phone:) - Email: Alternate Contact 1: Email:	· · ·			
Company Name:	Customer Service Phone:			
Company Name:				
Company Name:				
Address: City: State: ZIP + 4: - Phone: () - Ext: FAX: () - Primary Contact: Phone: () - Email: - Alternate Contact 1: Email: - - - Phone: () - Email: - Alternate Contact 2: - Email: -	BILLING CONTACT: (Primary contac	ts for billing issue	es)	
Address: City: State: ZIP + 4: - Phone: () - Ext: FAX: () - Primary Contact: Phone: () - Email: - Alternate Contact 1: Email: - - - Phone: () - Email: - Alternate Contact 2: - Email: -	Company Name:			
City: State: ZIP + 4: - Phone: () - Ext: FAX: () - Primary Contact: Phone: () - Email: - Alternate Contact 1: Phone: () - Email: - Alternate Contact 2: - Email: - -				
Phone: () - Ext: FAX: () - Primary Contact:			State:	ZIP + 4: -
Primary Contact: Phone: () - Email: Alternate Contact 1: Phone: () - Email:	-			
Phone: () - Email: Alternate Contact 1:		•		
Alternate Contact 1:			Fma	
Phone: () - Email: Alternate Contact 2:				
Alternate Contact 2:			Ema	
			Ema	
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