



**PERIODICALS ACCURACY GRADING AND EVALUATION
DEVELOPER'S APPLICATION**

To avoid delays in processing, complete this form in its entirety.

Customer Information *(Please print)*

Attention Name			
Firm/Customer Name			
Complete Street Address, PO Box, Hwy Contract, or Route Number			Apt/Suite #
City	State	ZIP+4 Code	
Program Contact		Program Contact Area Code & Phone Number	
Program Contact E-mail Address		Program Contact Fax Number	
Technical Contact		Technical Contact Area Code & Phone Number	
Technical Contact E-mail Address		Technical Contact Fax Number	

After successful completion of testing, your software product will be listed in the PAGE Certified Developers List. Please provide the following information for inclusion in this list:

Sales/Marketing Contact <i>(For retail developers only)</i>		Program Contact <i>(For proprietary developers only)</i>	
Firm/Customer Name			
Complete Street Address, PO Box, or Rural Hwy Contract Route and Box #			Apt/Suite #
City	State	ZIP+4	
Area Code & Phone Number	E-mail Address	Web Address (URL)	

Product Information

<p>Developer Type:</p> <p><input type="checkbox"/> A – Retail Developer</p> <p><input type="checkbox"/> B – Proprietary Developer</p> <p>PAGE Testing Fee:</p> <p><input type="checkbox"/> \$1,000 – Analysis conducted at NCSC site</p> <p>Product Price Range:</p> <p><input type="checkbox"/> A – Under \$500</p> <p><input type="checkbox"/> B – \$500 through \$999</p> <p><input type="checkbox"/> C – \$1,000 through \$4,999</p> <p><input type="checkbox"/> D – \$5,000 and over</p> <p><input type="checkbox"/> N/A – Not Applicable</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Publication and print planning software Product Name</td> <td>Version Number:</td> </tr> <tr> <td colspan="2">List ALL hardware and operating system combinations for this product and version. Attach additional sheet if necessary.</td> </tr> <tr> <td>Hardware: _____</td> <td>Operating system: _____</td> </tr> <tr> <td>Hardware: _____</td> <td>Operating system: _____</td> </tr> <tr> <td>Hardware: _____</td> <td>Operating system: _____</td> </tr> <tr> <td>Hardware: _____</td> <td>Operating system: _____</td> </tr> <tr> <td>Hardware: _____</td> <td>Operating system: _____</td> </tr> <tr> <td>Hardware: _____</td> <td>Operating system: _____</td> </tr> <tr> <td colspan="2">Hardware: _____ Operating system: _____</td> </tr> <tr> <td colspan="2">If this product/publication and print planning software engine is marketed under any other name, identify the product and version number.</td> </tr> <tr> <td colspan="2">If this product/publication and print planning software engine is licensed to another company, what are the company and product names?</td> </tr> </table>	Publication and print planning software Product Name	Version Number:	List ALL hardware and operating system combinations for this product and version. Attach additional sheet if necessary.		Hardware: _____	Operating system: _____	Hardware: _____	Operating system: _____	Hardware: _____	Operating system: _____	Hardware: _____	Operating system: _____	Hardware: _____	Operating system: _____	Hardware: _____	Operating system: _____	Hardware: _____ Operating system: _____		If this product/publication and print planning software engine is marketed under any other name, identify the product and version number.		If this product/publication and print planning software engine is licensed to another company, what are the company and product names?	
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Payment Information

PAYMENT METHOD

Make check or money order payable to "United States Postal Service."

Check Money Order Visa MasterCard

Discover American Express

Express Mail
Corporate Acct. #

Credit Card #

Card expiration date: ____ / ____

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.

For USPS Use Only

Control Number:

Check Number:

BILL TO

Complete only if different than mailing address.

Attention

Company

Address

City, State, ZIP+4 Code

Mail* or fax completed order form to:

ACCOUNTS RECEIVABLE - PAGE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1099

FAX: 901-681-4409

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