



National Five-Digit ZIP Code And Post Office Directory Order Form For Mail Order Use

A. Customer Information (Please print)

Attention Name Customer's Purchase Order Number
Attach Original Purchase Order

Firm/Company Name

Complete Street Address (include Apt/Ste #), PO Box or Rural and RR Box

City or Post Office State ZIP+4 Code

Foreign Country Name (When Applicable) Area Code Phone Number

B. Ordering Instructions

1. Enter the quantity of Five-Digit ZIP Code directories desired in the blocks below. Multiply by the prices shown and enter the purchase amount(s).

	QUANTITY		PURCHASE AMOUNT
a. Soft-Bound		X \$ 31.00 per set =	\$
b. Hard-Bound		X \$ 37.50 per set =	\$
c. Cases (8 sets soft-bound per case)		X \$ 248.00 per case =	\$

2. Add the purchase amounts in block 1a, 1b and 1c and enter the sum here. →

TOTAL PURCHASE AMOUNT

\$

3. You may claim a maximum discount of \$1 for each discount coupon from inside the front cover of out-of-date National Five-Digit ZIP Code directory. (Do not send more coupons than the number of directories you are ordering). Multiply the number of enclosed coupons by 1 (one) and enter the amount here.

DISCOUNT

\$

4. Subtract the discount in step 3 from the purchase amount in step 2 and enter the amount here. →

SUBTOTAL

\$

5. For faster delivery, we offer Express Mail shipping (optional). For pricing call 1-800-238-3150. →

EXPRESS MAIL

\$

6. Add the express mail cost in step 5 to the subtotal in step 4. This is your amount due. Make check or money order payable to "United States Postal Service." Returned checks will incur a **\$20.00 fee**. →

AMOUNT DUE

\$

7. Indicate the method of payment in the box provided and mail this form, with your payment and coupon(s) to:

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

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"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover	<input type="checkbox"/> Diner's Club	<input type="checkbox"/> American Express	
Card #:			
<input style="width: 100%; height: 20px;" type="text"/>			
Card expiration date: ____/____ T.I.N.: _____			
<input style="width: 100%; height: 20px;" type="text"/>			
Authorized Personnel (please print)			
<input style="width: 100%; height: 20px;" type="text"/>			
Signature			
<input style="width: 100%; height: 20px;" type="text"/>			
The signature above accepts total responsibility governing the use of this card and agrees to comply with the terms of the issuer.			

NOTE: Copies reproduced from this form may be used for ordering additional directories. Orders will generally be filled within two weeks after mailing. However, additional time may be required during certain periods. Prices subject to change without prior notice. Customers who need assistance may call 1-800-238-3150. Fax: 901-681-4409

For USPS Use: