UNITED STATES POSTAL SERVICE®

Bulk Proof of Delivery Application Payment Authorization

Postal Service™ Use Only: ☐ Accepted ☐ Declined

A. General Information

Please print or type when completing this form.

The party that will be paying for the records must complete this payment authorization form. If a third-party designee will be paying for the records, then the third-party designee must complete this form. This form is required only for customers choosing the Pay As Compiled method of receiving records. It is not required for customers using Express Mail® Manifesting or Signature Confirmation™ service. Prior to submitting this form, all applicants must complete and submit PS Form 5053, *Bulk Proof of Delivery Application.*

B. Payer Information — *(To be completed by either the mailer or the third party who is responsible for payment.)*

1. Company Name

2. Mailer ID Number *(If you are a third-party designee, please provide your client's Mailer ID(s) below in Section D)*

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

4. City

5. State

6. ZIP+4®

7. Today's Date

8. Point of Contact

9. E-mail Address of Company Point of Contact

10. Telephone Number and Extension

11. Fax Number

C. Payment Information

12. The person authorized to use the credit card must sign and date the application as indicated below.

Provide the credit card information that you (the Payer) will use for all future payments for bulk proof of delivery records. The Postal Service™ will charge payments to this credit card on the date it compiles the records and will mail a payment receipt to the address provided Item 3 above.

☐ Discover ☐ Diners Club ☐ American Express
☐ Visa ☐ MasterCard

Delinquent Payment: If the Postal Service cannot process payment, it reserves the right to withhold bulk proof of delivery records. The Postal Service will not compile records during a delinquent period. The Postal Service will start compiling records again when it can process the customer's payment.

Credit card number

Exp. Date *(MM/YY)*

Name or Company Name *(Please print name as it appears on credit card.)*

Billing address *(Please print address exactly as it appears on credit card statement)*

Signature

Date Signed

D. Client Mailer IDs

13. Only a third-party designee who is paying for the records and needs to indicate multiple client Mailer ID numbers needs to complete this section. Note: A third-party designee cannot receive the client's records without the client's consent, which the client gives on PS Form 5053, Bulk Proof of Delivery Application. A third-party designee must include the client's Mailer ID number in the electronic file.

Note: To include more client Mailer ID numbers, write them on a separate sheet and staple that sheet to this form.

E. Application Submission Process

14. Fax or mail completed form to:

ACCOUNTS RECEIVABLE
NATIONAL CUSTOMER SUPPORT CENTER
UNITED STATES POSTAL SERVICE
6060 PRIMACY PKWY STE 201
MEMPHIS TN 38188-0001
Fax Number: 901-681-4409

Questions about completing this form? Customers who need technical program assistance may call Confirmation Services Technical Support Center at 877-264-9693, Option 1. Customers that need payment assistance may call our Customer Care Center at 1-800-238-3150.

15. Notes/Comments *(Use an attachment if necessary.)*

16. Requestor's Signature

Privacy Notice: See our Privacy Policy on *usps.com*®.