



# NCOA<sup>Link</sup>™ PROCESSING ACKNOWLEDGEMENT FORM

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## LIST OWNER

I, the undersigned, an authorized representative of:

Company Name

Address

City

State

ZIP+4

Telephone Number

Postal ID (for future use)

Tax Identification Number (TIN)

NAICS/SIC

Parent Company Name

Marketing or "DBA" Company Name or Primary Affiliate Company Name

Name (Please print)

Title

Signature

Date

do hereby acknowledge that I have received and reviewed the NCOA<sup>Link</sup> Information Package supplied to me by **Wright Imaging**, an NCOA<sup>Link</sup> Limited Service Provider Licensee. I also understand that the sole purpose of the NCOA<sup>Link</sup> service is to provide a mailing list correction service for lists that will be used for preparation of mailings. Furthermore, I understand that NCOA<sup>Link</sup> may not be used to create or maintain new movers lists.

## LICENSEE

### Wright Imaging Solutions

Business Name (Please print)

### Paul S. Ploeger

Name (Please print)

### Operations Manager

Title

Signature

Date

877-507-7111

Telephone Number

20-2629733

Tax Identification Number (TIN)

**BROKER/AGENT**  **LIST ADMINISTRATOR** (Check applicable box)

Business Name (Please print)

Address

City/State/ZIP+4

Name (Please print)

Title

Signature

Date

Telephone Number

Tax Identification Number (TIN)

NAICS/SIC

## For Licensee Use Only

PAF ID:

Broker/Agent ID:

List Administrator ID: