



Postal Customer Council

Note: To get started, please request this form from

The Fort Worth Postal Customer Council

PO Box 162871

Fort Worth TX 76161-2871

fortworthpcc.com

Mail Service Providers Program

Local Provider Information Collection Form

(This form is not to be changed or altered.)

This form is used to collect information about local providers that will participate in the Postal Customer Council (PCC), Mail Service Provider (MSP) Program.

Information collected will be posted with other participating service providers on the US Postal Service website at www.usps.com. Participation in the MSP Program is voluntary. However, to participate in the MSP Program, the provider must be a member of their local PCC and must satisfy other selection criteria established by the Postal Service.

The form is to be completed by the PCC member company. Upon completion, the PCC member should have the form signed by a duly authorized individual and email, fax, or mail this form to their local PCC. Provided that the applying MSP meets the stated criteria for selection as assessed by the Postal Service in its sole discretion, the local PCC will use the form to create an MSP profile. Providers that participated in the MSP pilot program are also required to complete and submit this form.

Each PCC member company being listed will pay a flat-rate annual fee of \$100.00 to participate in the program. The company must make a check payable to the name of their local PCC. The fee is renewable on an annual basis provided that the MSP continues to meet the stated criteria for selection as assessed by the Postal Service in its sole discretion. Until the member's check is received by the local PCC, this form will not be processed.

The Postal Service reserves the right to terminate the listing of any MSP at any time, with or without cause, after notice of such termination is sent to the MSP at its stated address.

The Postal Service makes no representation or warranty as to the suitability of the listing for any particular purpose and expressly disclaims any liability whatsoever to the listed MSP for any and all damages of any kind, including lost profits.

For information about our privacy policy visit us at www.usps.com.

Note: Please complete section 1 – 3.

Section 1 – MSP Location and Contact Information

Local Provider Company Name:

Mailing Address:

- Address 1:
- Address 2:
- City:
- State:
- ZIP Code:

Contact Name:

Contact Title:

Contact Phone #:

Contact Fax #:

Contact Email Address:

Section 2 – Business Type Information

Providers may select one (1) or all of the six (6) mail categories. Indicate categories selected with an “X” below:

1. Mail Preparation:
2. Mail List Provider:
3. Mail Printing:
4. Mailing Support:
5. Mailing Supplies:
6. Mailing Equipment:

Please provide a 100-character (maximum) description of the MSP’s services (MSP’s marketing/sales information included in the description will not be approved for posting):

Section 3 – PCC Member Contact Information

- Name of Your PCC:
- Name of Company Contact Completing Form:
- Title:
- Phone #:
- Email Address:
- Date Completed Form Submitted:

Section 4 – Local PCC Postal Contact Information (This section is be completed only by PCC postal personnel.)

- Name of PCC Postal Contact:
- Title:
- Phone #:
- Email Address:
- Date Check Received:
- Date MSP Profile Entered:

[Insert name of MSP] _____
("MSP"), acknowledges that it has read this form in its entirety and agrees to the terms set forth in this form. MSP represents and warrants that all information contained in this form regarding the MSP is complete and accurate as of the date below. The MSP agrees to notify promptly the local PCC of which it is a member of any change in the information contained on this form. The signer represents that s/he is duly authorized to sign on behalf of the MSP.

[MSP NAME]

By: _____ Date: _____

Name and Title (please print):