

Informed Visibility® (IV®) Mail Tracking Data Delegation Request

As an authorized representative of _____ I wish to delegate the Informed Visibility mail tracking data specified below to _____.

Delegating Company (Delegate FROM): _____

Customer Registration ID (CRID) (if known): _____

Primary Contact Name: _____

Address: _____

Phone: _____

Email: _____

Receiving Company (Delegate TO): AccuZIP Inc.

CRID: 5113409

Primary Contact Name: ACCUZIP TECHNICAL SUPPORT

Address: 3216 EL CAMINO REAL
ATASCADERO CA 93422-2500

Phone: 805-461-7300

Fax: 877-839-6531

Email: iv@accuzip.com

Please delegate all available Informed Visibility tracking data for the following Mailer ID(s) [MID(s)]:

Please delegate Origin Scan tracking data for the following Reply Mail ZIP(s):

The Receiving Company is authorized to set up and manage all data access to these MIDs and Reply Mail ZIPs until such time as the Delegating Company may withdraw authorization.

Signature: _____

Title: _____

Important: Signature Required (Wet or Digital)

Once completed, please provide the signed form to AccuZIP IV Support at iv@accuzip.com.