UNITED STATES POSTAL SERVICE®

Population Mobility Trends Order Form

Billing Information *(Please PRINT clearly.)*

Contact Name	Customer/Company Name		
Address *(Number, street, suite, apt., etc.)*	*Urbanization*	Country Name (if other than USA)	
City		State	ZIP + 4® Code
Phone Number *(Include area code)*	Fax Number *(Include area code)*	Email Address	

Product Information *(Monthly products are provided on an annual subscription basis.)*

Choose the products you wish to order below, then indicate product format, product subtotal, and order total.

Product ID	Product Name	Unit Price	Subtotal
170000	Population Mobility Trends 12 - Month Historical - Internal	$91,000	
170001	Population Mobility Trends 12 - Month Historical - Limited	$120,000	
170002	Population Mobility Trends 48 - Month Historical - Internal	$137,000	
170003	Population Mobility Trends 48 - Month Historical - Limited	$181,000	
170004	Population Mobility Trends 48 - Month Historical - Enterprise	$277,000	
170005	Propulaton Mobility Trends 48 - Month Historical - Enterprise R	$184,000	
		Total	

Other Required Forms *(Please submit all applicable forms at the same time to avoid delay in product fulfillment.)*

EPF (Electronic Product Fulfillment)
All products, renewals, and receipts of payment are fulfilled via the EPF web site. To obtain access to the EPF web site, please complete PS Form 5116, *Electronic Product Fulfillment Web Access Request Form* located on PostalPro at https://postalpro.usps.com/EPF001. Instructions for form submission, log-in to the EPF web site, etc., are found on PS Form 5116.

Signed Data License Agreement
This order form must be accompanied by a signed United States Postal Service Data License Agreement (Agreement) acknowledging and agreeing to the terms and obligations of the Agreement. To obtain the Agreement, please visit PostalPro at https://postalpro.usps.com/pmt

If you have questions about this order form, call **800-238-3150** or email AISproducts.NCSC@usps.gov for assistance.

Payment Method *(Please select one.)*

☐ Visa ☐ American Express ☐ MasterCard ☐ Check #_____ ☐ ACH Credit ☐ USPS® Money Order

Credit Card Number

Card expiration date: _____ / _____
(MM) *(YYYY)*

If paying by credit card or ACH Credit, fax completed form(s) to: **901-681-4409.**
Do not send credit card information via email.

Make check or USPS money order payable to "United States Postal Service."
There is a $35 fee for all Returned Checks.
Mail payment and order form(s) to:

ACCOUNTS RECEIVABLE
ADDRESSING & RETAIL TECHNOLOGY
UNITED STATES POSTAL SERVICE
225 N HUMPHREYS BLVD STE 501
MEMPHIS TN 38188-1099

NO REFUNDS will be issued once the order has been processed and the file(s) downloaded.

Credit Card Address (if different than business address)	*Urbanization Name*	
City	State	ZIP + 4 Code

Print Name

Authorized Signature

The person signing this order form accepts total responsibility governing the use of this card/account and agrees to comply with the terms of the issuer and the USPS.

Privacy Notice: For information regarding our Privacy Policy, visit *www.usps.com*.