

ZIP+4 Processing Order Form

INTERNAL USE: Date Received: _____ Job ID.: _____ Batch: _____
Rev 2-10/01 Date Returned: _____ Invoice No: _____ Invoice Amt.: _____

CUSTOMER INFORMATION

Customer Name and Address (Please print or type)	Shipping Address (If different)
_____	_____
Contact Name _____	Contact Name _____
Company _____	Company _____
Address _____	Address _____
City, State, ZIP+4 _____	City, State, ZIP+4 _____
() _____ () _____	() _____ () _____
Phone _____ Fax _____	Phone _____ Fax _____
email _____	email _____

INPUT MEDIA - Choose media type and complete appropriate information.

- IBM PC/Compatible Diskettes: Size - 3½" HD 5¼" HD Zip 100 SuperDisk 120
 Macintosh Diskettes: Size - 3½" HD Zip 100
 9 Track Tape: 1600 bpi 6250 bpi ASC II EBC DIC Labeled Unlabeled
 Modem to Lorton Data's bbs at (612)362-0295. Call for instructions and to be set up for access to our bbs.
 FTP Transfer. ftp://ftp.lortondata.com; Call for instructions.
 Other: Media: _____ Code Structure: ASC II EBC DIC
System/Software Description: _____

Note: Other supported media include IBM PC/AT/PS2, IBM Sys36, IBM AS400, Macintosh diskettes, 9 Track tapes, 3480 cartridges, TK-70 cartridges, QIC cartridges, 8mm cartridges, 4mm cartridges, Syquest disk, 3490E cartridges, CDROM, modem transfers and many others!! Please call (612)362-0290 for information. Additional charges or discounts may apply.

INPUT FILE GENERAL INFORMATION

1. Number of Input Media: _____
2. Input File Name: _____
3. File Type: Text dBASE III compatible (If input is dBASE, indicate output. dBASE Fixed field text)
4. Record Length: _____ (Number of characters per record including delimiters)
5. Number of Records: _____ (Combined total for all disks/tapes/carts provided)
6. What program do you use to maintain your list? **SuccessWare**
7. Layout and sample dump of records is required. Please attach to your order form.
8. How did you hear about Lorton Data? **SuccessWare, Inc.**

OUTPUT OPTIONS

1. ZIP+4 Processing. Pricing \$2.50/1000, \$35.00 minimum. Yes No
2. CASS 3553 Report, Error Code Report and Output Layout. Yes No
3. Output name and address information format: All Uppercase Propercase (upper and lower case)
4. Listing of ZIP+4 non-matches (See pricing - \$.05 per page, \$10 minimum) Yes No
5. Output media provided by you? Yes No (If yes, quantity: _____)
If yes, output media should be high quality and formatted. By providing output media, customer assumes responsibility for potential problems relating to the quality and condition of media. If sufficient quantity is not provided, additional media will be supplied at our current prices.
6. Custom Reports (Call for pricing). Please specify: _____
7. Shipping Options: USPS Priority Mail Two-Day Delivery Ground Delivery Overnight
 Other: _____

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(Specifications subject to change without notice)

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INPUT LAYOUT (Please complete either fixed field or delimited file information below.)

FIELD NAME	Fixed Field Files		Delimited and dBASE Files
	POSITION	LENGTH	FIELD NO.
PERSONAL NAME FIELD (All in one field) - Optional			

or

PREFIX FIELD (MR, MRS, DR, etc.) - Optional			
FIRST NAME FIELD - Optional			
MIDDLE NAME/INITIAL FIELD - Optional			
LAST NAME FIELD - Optional			
SUFFIX FIELD (III, JR, SR, etc.) - Optional			

and/or

COMPANY NAME FIELD - Optional			2
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DELIVERY ADDRESS FIELD			3
SECONDARY ADDRESS FIELD - Optional (Care of, building, second address, etc.)			
CITY FIELD			4
STATE FIELD			5
ZIP CODE/ZIP+4 CODE FIELD			6
URBANIZATION FIELD (Puerto Rico Addresses Only)			
RECORD ID - Optional			1

Note: Personal name information is not used in ZIP+4 processing and therefore, is not required. ZIP+4 processing matches on address and company name information only.

If delimited file, what is the record delimiter? carriage return and line feed carriage return only line feed only
 If delimited file, what is the field delimiter? comma/quote tab semicolon other: _____

CASS CERTIFICATION CHECKLIST

Fields described below as "Append" will replace existing fields on your file unless otherwise indicated. Field lengths are listed in parentheses (e.g. "+4 Code (4)" field length=4)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Standardize Address Information
<input checked="" type="checkbox"/> Correct 5 Digit ZIP Code
<input checked="" type="checkbox"/> Append +4 Code (4)
<input checked="" type="checkbox"/> Append characters for Delivery Point Barcode (DPBC) (2)
<input type="checkbox"/> Append characters for DPBC Check Digit (1)
<input type="checkbox"/> Append Carrier Route Code (4)
<input type="checkbox"/> Append Line of Travel (LOT) (4)
<input type="checkbox"/> Append LOT Sort Order (1) | <input type="checkbox"/> Append County Number (3)
<input type="checkbox"/> Append County Name (25)
<input type="checkbox"/> Append FIPS Code (5)
<input type="checkbox"/> Append Record Type (2)
<input type="checkbox"/> Append Urbanization (Puerto Rico Addresses Only) (60)
<input type="checkbox"/> Append Error Codes (4)

<input type="checkbox"/> Do Not Replace Existing Fields - Append Only |
|---|---|

BILLING INFORMATION

COD: Call with amount before shipping? Yes No
 Visa MC Card #: _____ Exp. Date: _____
 Name on Card: _____
 Electronic transfers must be paid by credit card. Signature: _____

AUTHORIZATION (Please read and sign to authorize processing. Must be signed for processing to proceed.)

The company and/or contact listed in "Customer Information", (Customer) authorizes Lortondata Inc. to process their file(s) as indicated in "Output Options" at the prices indicated. By authorization, Customer affirms that Customer understands the nature, scope and limitations of the processing authorized as well as the nature of the output to be provided. Customer agrees to examine output data for validity. Customer will not hold Lortondata liable for any damages greater than the charges herein resulting from the use of invalid data. The Customer further understands that this Order is subject to and will be processed solely in accordance with Lortondata's General Terms and Conditions (Rev 2-10/01) as set forth on side C of this form.

Authorized By _____ Title _____

Name (please print) _____ Date _____

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