

Order form – Postal Code Lookup (not for USA, Canada and Germany)**Please fax to: +49 (6237) 9774 45**

With this order form you can order transactions for the AddressDoctor Postal Code Lookup (<http://lookup.addressdoctor.com/lookup>).

Two different payment methods can be selected. Please take note that transactions will be available **after prepayment only**. With a credit card online purchase via the DQC shop system, transactions are available immediately. For further information please visit **www.AddressDoctor.com**.

1. Your AddressDoctor account and billing information

Do you already have an AddressDoctor account? Yes. My account number is: _____
 No. Please set up a new customer account with the following data:

Company	Street
Contact	City / State (Province) / Zip
Position	Country
E-mail	Phone
Tax number / VAT-ID (if applicable)	Fax

2. Select transactions or payment plan

Please select the desired number of transactions or a payment plan. Transactions can be used for addresses from any country supported by AddressDoctor.

Prepaid – usable within 12 months after purchase

Transactions	Postal Code Lookup
1,000	<input type="checkbox"/> 390 EUR
5,000	<input type="checkbox"/> 970 EUR
10,000	<input type="checkbox"/> 1.540 EUR
20,000	<input type="checkbox"/> 2.890 EUR
50,000	<input type="checkbox"/> 5.770 EUR
100,000	<input type="checkbox"/> 9.620 EUR
_____	<input type="checkbox"/> _____ EUR

Pay-as-you-go (subscription) – no minimum usage. Terminate with 60 days notice. Credit card charged monthly.

Postal Code Lookup: 99 EUR per month plus 0.19 EUR per transaction (lookup)

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3. Payment information

Credit Card (Transactions are made available within about 3 German business days.)

Visa MasterCard Amex

Card number: _____

Expiration date: ____ / ____

Security code: ____ 3 digits for VISA/Master Card (back side), 4 digits for AmEx (front side)

Name on the card: _____

Billing address: _____

Invoice (Transactions are available after payment receipt. Please make sure that all information requested on Page 1 is complete.)

With my signature I confirm that I am authorized to sign and/or represent the company mentioned above. If selected, I also authorize the credit card payment for the selected transaction package or a recurring charge for the Pay-as-you-go payment plan.

I have read, understood and I agree with the current General Terms and Conditions (available at <http://www.addressdoctor.com/en/support/download.html#2>) of the AddressDoctor Web Services.

Place, Date

Signature

Print name

You may also mail this form to

AddressDoctor
Roentgenstr. 9
67133 Maxdorf
Germany

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