

English

AddressDoctor®

An Informatica Company

Order form – Postal Code Lookup (USA and Canada only) Please fax to: 866 234 7768

With this order form you can order transactions needed for the AddressDoctor Postal Code 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"/> 499 US\$
5,000	<input type="checkbox"/> 1,249 US\$
10,000	<input type="checkbox"/> 1,999 US\$
20,000	<input type="checkbox"/> 3,749 US\$
50,000	<input type="checkbox"/> 7,499 US\$
100,000	<input type="checkbox"/> 12,499 US\$
_____	<input type="checkbox"/> _____ US\$

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

Postal Code Lookup: 99 US\$ per month plus 0.19 US\$ per transaction (lookup)

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International +49 (6237) 9774 45

Order form (page 2 of 2)

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. 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
208 S WILMINGTON ST STE 200
RALEIGH NC 27601-1434
USA

EN076 – 30122011 – 2011/797

Please fax to: 866 234 7768

International +49 (6237) 9774 45