

United States Postal Service
Every Door Direct Mail (EDDM) Retail

Post Office: Note Mail Arrival Date & Time
 (Do Not Round Stamp)

Mailer	Business Name and Address and Email Address, If Any	Telephone	Name and Address of Mailing Agent (If other than permit holder)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than permit holder)
	Customer Registration I.D. (CRID) _____		Customer Registration I.D. (CRID) _____		Customer Registration I.D. (CRID) _____

Mailing	Post Office of Mailing	Processing Category <input type="checkbox"/> Flats	Mailer's Mailing Date	Total # of Bundles	Total # of Pieces
	Type of Postage <input type="checkbox"/> Permit Imprint <input type="checkbox"/> Metered <input type="checkbox"/> EDDM Indicia		Weight of a Single Piece ____ . ____ ounces Max Weight 3.3 ounces	Description	

Entry	Price Category	Price	No. of Pieces	Total Postage
DDU	Saturation	0.145		

Certification

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

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

Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form	Telephone
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Retail Acceptance	USPS Use Only	Postmaster: Report Total Postage in AIC 207		Total Postage	USPS Use Only	Retail Acceptance
		Weight of a Single Piece ____ . ____ ounces	Total Number of Pieces	Round Date (Required) Payment Date		
		USPS Acceptance Employee Signature				
		USPS Acceptance Employee Printed Name				

Retail Verification	USPS Use Only	Number of Bundles	Any postage figures adjusted from mailer's entries? If yes, reason: <input type="checkbox"/> Yes <input type="checkbox"/> No		USPS Use Only	Retail Verification		
		I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (<i>bundled by route</i>); (3) proper completion of postage statement;	Date Mailed Notified	Contact			Round Date (Required) Verification Date	
			By (Initials)	Time				AM PM
			USPS Verification Employee Signature					Print USPS Verification Employee Printed Name

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5-Digit ZIP Code	Route Number	# of Mailpieces	5-Digit ZIP Code	Route Number	# of Mailpieces