

PAF ID:

NCOA Link® PROCESSING ACKNOWLEDGEMENT FORM

List Administrator ID:

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Address				
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Telephone Number NAICS USF	PS Mailer ID	E-mail Address		
Parent Company Name				
Marketing or "DBA" Company Name or Primary Affiliate C	Company Name			
Name (Please print)		Title		
Signature		Date		
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Mark Higgins		Data Services Mana	ger	
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Signature		Date		
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Linda Arriaga Name (Please print)		<u>Admin</u> Title		
Signature		Date		
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