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www.anchorcomputer.com

NCOA, LACS and DSF PROCESSING ORDER FORM

FROM: _____
CONTACT _____
COMPANY _____
ADDRESS 1 _____
ADDRESS 2 _____
CITY _____ STATE _____ ZIP _____

TEL#: _____ ext: _____
FAX#: _____
P/O#: _____
P/O ATTACHED: YES NO
JOB#: _____

INPUT FILE DESCRIPTION: (PLEASE SPECIFY)

QUANTITY: _____ RECORD LENGTH: _____ BLOCK SIZE: _____

FORMAT: EBCDIC ASCII OTHER _____ ATTACHMENTS: TAPE LAYOUT DUMP / DITTO

SIGNATURE ON **USPS** ACKNOWLEDGEMENT FORM: INCLUDED ON FILE, DATE _____

FOR AGENTS: PLEASE SPECIFY THE MAILER OF THIS FILE: _____

OUTPUT FILE DESCRIPTION: (PLEASE SPECIFY)

MEDIA: 3480 COMPRESSED 3480 NON COMPRESSED 6250 BPI 1600 BPI OTHER _____
 3490 NON COMPRESSED BULLETIN BOARD FTP (FILE TRANSFER PROTOCOL)

If transmitting: Filename _____ (use your company as the filename) Password _____

* When transmitting please be sure that the file is a ZIPPED file and that it is at Anchor by 1pm EST.* (call to confirm)

LABEL: IBM DOS STD. LABEL NO LABEL FORMAT: EBCDIC ASCII OTHER _____

CLASS OF MAIL: Class of mail to be used for mailings produced from this list. Check all that may apply:

1st Class Std A Std B Periodicals

PROCESSING SPECIFICATION:

NCOA NCOA & NIXIE [NIXIE OPTION DOES NOT RETURN NEW ADDRESS] MaxCOA
 NCOA REPORT BY KEYCODE (If so, keycode may consist of no more than 6 positions)
 LACS DSF DSF REPORT BY KEYCODE LOT (Line of Travel) DECEASED

NCOA FILE EXTRACT: 6 month 12 month 24 month 36 month 48 month

OPTIONAL other (please specify) _____ (If choice is not given, 48 months will be used)

MATCHING LOGIC: **STANDARD** (includes family, individual, and business move match logic)
 OPTIONAL individual match only
 OPTIONAL individual match and business match only

OUTPUT WILL BE IN YOUR ORIGINAL INPUT FORMAT WITH STANDARDIZED AND NCOA DATA APPENDED. SHOULD YOU WISH A DIFFERENT FORMAT, PLEASE CHECK APPROPRIATE BOX & PROVIDE SPECIFIC INFORMATION. SPECIAL O/P FORMAT MAY REQUIRE ADDITIONAL FEES.

ABOVE FORMAT ACCEPTABLE SPECIAL FORMAT REQUIRED

NOTE: Since not everyone fills out Change Of Address forms from the Post Office, and due to the stringent NCOA Matching Rules, there may be a change of address that the NCOA process will not provide.

SHIPPING METHOD PREFERRED: _____

Billing Address: _____

CONTACT _____

COMPANY _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

SPECIFIC INSTRUCTIONS/COMMENTS: _____

SIGNATURE: _____

DATE: ____/____/____

RETURN DATE: _____

Shipping Address: _____

CONTACT _____

COMPANY _____

ADDRESS 1 _____

ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

FEEL FREE TO CALL US WITH ANY QUESTIONS