

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 mailer)	Telephone	Name and Address of Individual or Organization for Which Mailing is Prepared (If other than mailer)
	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"/> EDDM Flats	Mailer's Mailing Date	Total # of Bundles	Total # of Pieces per Bundle
	Type of Postage <input type="checkbox"/> EDDM Retail Indicia <input type="checkbox"/> Metered <input type="checkbox"/> Meter Strip	Delivery Type Route Type(s)	Weight of a Single Piece ____ . ____ ounces Max Weight 3.3 ounces	Every Door Direct Mail Barcode	

Entry	Price Category	Price	No. of Pieces	Total Postage	Status

Affix Meter Strip Here

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.				
	<i>Privacy Notice: For information regarding our Privacy policy visit www.usps.com</i>				
	Signature of Mailer or Agent		Printed Name of Mailer or Agent Signing Form		Telephone

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

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		Verification USPS Use Only	
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement.	Date Mailer Notified	Contact		Round Date (Required) Verification Date
		By (Initials)	Time		AM PM
		USPS Verification Employee Signature			Print USPS Verification Employee Printed Name

EVERY DOOR DIRECT MAIL RETAIL[®]

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