



DSF²™

Processing Acknowledgement Form

I, the undersigned, an authorized representative of:

Company Name _____ Customer Standard Industry Code (NAICS) _____

Address _____

City _____ State _____ ZIP+4 _____

Telephone Number _____ Tax Identification Number (TIN) _____

Name (Please print) _____ Title _____

Signature _____ Date _____

I understand that the sole purpose of the DSF²™ service is to provide mailing list services for lists that will be used for preparation of mailings. I also acknowledge receipt of the required text document provided to me by Anchor Computer Inc.

DSF²™ Licensee

ANCHOR COMPUTER INC. _____ 518210 _____
Business Name _____ Customer Standard Industry Code (NAICS) _____

NANCY ATWOOD _____ VICE PRESIDENT, ECOMMERCE SERVICES _____
Name (Please print) _____ Title _____

Signature _____ Date _____

631-293-6100 _____
Telephone Number _____ Tax Identification Number (TIN) _____

Broker/Agent **List Administrator** (Check applicable box)

PEACOCK DATA, INC. _____ 518210 _____
Business Name _____ Customer Standard Industry Code (NAICS) _____

120 ROLLINS RD _____ Chatsworth, CA 91311-7007 _____
Address _____ City/State/ZIP+4 _____

DONALD E. FISH _____ PRESIDENT/CEO _____
Name (Please print) _____ Title _____

Signature _____ Date _____

818-332-7998 _____ 14-1866819 _____
Telephone Number _____ Tax Identification Number (TIN) _____

For Licensee Use Only

Customer ID:

Broker/Agent ID:

List Administrator ID: