

Corporate Account/ Custom Designed Agreement

(See Instructions on Reverse)

1. Agreement Number					2. <input type="checkbox"/> Sched. Pickup (See No. 19f) <input type="checkbox"/> Reshipment <input type="checkbox"/> Drop Shipment	3. <input type="checkbox"/> First Shipment Date	4. <input type="checkbox"/> Cancellation Date
X/G	City Code	Cust. No.	Leg No.	International		5. <input type="checkbox"/> Change Date	6. Item Number of Changed Information

7a. From (Company name, address, apt./suite no., city, state, ZIP+4)	8a. <input type="checkbox"/> USPS Pickup <input type="checkbox"/> Pickup Charge Waived	8b. Earliest Pickup	8c. Latest Pickup
	9a. <input type="checkbox"/> Customer Drop-Off	8d. Pickup Office ZIP Code	
		9b. Latest Drop-Off Time	
		9c. Facility Name <input type="checkbox"/> PO <input type="checkbox"/> AMF	
7b. Company Representative Name and Telephone Number	9d. ZIP+4		

10a. To (Company name, address, apt./suite no., city, state, ZIP+4)	11a. <input type="checkbox"/> USPS Delivery <input type="checkbox"/> Delivery Charge Waived	11b. Earliest Delivery	11c. Latest Delivery
	12a. <input type="checkbox"/> Customer Claim	11d. Delivery Office ZIP Code	
		12b. Earliest Claim Time	
		12c. Facility Name <input type="checkbox"/> PO <input type="checkbox"/> AMF	
10b. Company Representative Name and Telephone Number	12d. ZIP+4		

13.	Mailed On:	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	14. Describe Exception to Established Frequency (Holiday, etc.)	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	Delivered On:	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Sun.	15. Describe Less-Than-Weekly Service	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Mailing Frequency Code		17. Deliv. Freq. Code			18. Service Code					
19a. <input type="checkbox"/> Express Mail <input type="checkbox"/> Corporate Account Established at:		19b. PO Name							19d. Accounting Unit Telephone Number	
		19c. PO Address (City, state, ZIP+4)							19e. EMCA Chargeback Code	
19f. Scheduled Pickup Volume					19g. Agency Control No.			19h. Agency Cost Code No.		

USPS Use Only

20. USPS Comments	21. Routing Information					
	Depart		Via		Arrive	
	Place	Time	(Flight no., highway contract no., etc.)		Place	Time
22. Service Industry Code (SIC)		23. Marketing No.				
24. Account Representative						
25. Delivery Time Confirmed With Destination by (Signature)						

Instructions

GENERAL

This form serves as:

- (1) the agreement between the customer and the Postal Service;
- (2) the implementing document for originating and destinating post offices authorizing the performance of the services described;
- (3) the record used by postal finance personnel to ensure that the postage paid is correct; and
- (4) an input document for a computer-based information system.

Complete the form carefully.

SPECIFIC

1. Enter "X" in first block if an Express Mail Corporate Account (EMCA) customer; enter "G" if a federal government customer; leave blank if neither applies.

If agreement is international, enter correct country code in capital letters in last block; otherwise, leave blank.

See Handbook DM-201, *Express Mail Service*, for instructions on assigning agreement and account numbers.

- 2a. Check box for a Scheduled Pickup Service agreement.
- 2b. Check box for a Reshipment agreement.
- 2c. Check box for a Drop Shipment agreement.
3. Check box if appropriate and enter date. (Always show month, day, and year, in that order; use numerics; use two digits for each. Example: enter an effective date of January 15, 1995, as "01/15/95.")
4. Check box if appropriate and enter date (see instruction 3 for date format).
5. Check box if change of information and enter effective date.
6. Enter item number(s) with new information.
- 7a. Enter sending company name, mailing address, city, two-letter state abbreviation, and ZIP+4.
- 7b. Enter sending company representative name and telephone number.
- 8a. Check box if USPS pickup. Check "Pickup Charge Waived" only if shipments under this service leg are picked up at same time and place, and on same frequency, as another service leg (with the same first six digits) that does not have this block checked.
- 8b. Enter earliest time for pickup. Use 24-hour clock (e.g., enter "1300" rather than "1 p.m.").
- 8c. Enter latest time for pickup. Use 24-hour clock.
- 8d. Enter 5-digit ZIP Code of office that will pick up shipment.
- 9a. Check box if customer will drop off at post office.
- 9b. Enter latest drop-off time. Use 24-hour clock (e.g., enter "1300" rather than "1 p.m.").
- 9c. Enter post office facility name and check appropriate box.
- 9d. Enter post office facility ZIP+4.
- 10a. Enter destination company name, mailing address, city, two-letter state abbreviation, and ZIP+4.
- 10b. Enter destination company representative name and telephone number.
- 11a. Check box if USPS delivery. Check "Delivery Charge Waived" only if shipments under this service leg are delivered at same time and place, and on same frequency, as another service leg (with the same first six digits) that does not have this block checked.
- 11b. Enter earliest time for pickup. Use 24-hour clock.
- 11c. Enter latest time for pickup. Use 24-hour clock.
- 11d. Enter 5-digit ZIP Code of office that will deliver shipment.
- 12a. Check box if customer will claim at post office.
- 12b. Enter latest claim time. Use 24-hour clock.
- 12c. Enter post office facility name and check appropriate box.
- 12d. Enter post office facility ZIP+4.
13. Enter "X" in appropriate boxes. Do not use this block if shipments are less frequent than once a week.
14. Explain specifically and in enough detail so that receiving office can understand exceptions. For international agreements, give dates of holidays.
15. Explain specifically and in enough detail so that receiving office can understand exceptions. For international agreements, give dates of holidays.
16. Enter mailing frequency code.
17. Enter delivery frequency code.
18. Enter two-digit service code.
- 19a. Complete items 19b through 19f if EMCA is indicated by an "X" in first block of item 1. Also complete items 19g and 19h if a federal government customer.
- 19b. Enter post office name where EMCA was established.
- 19c. Enter post office address.
- 19d. Enter accounting unit telephone number.
- 19e. Enter EMCA chargeback code.
- 19f. Enter scheduled pickup volume.
- 19g. Enter agency control number (federal government only).
- 19h. Enter agency cost code number (federal government only).
20. Enter USPS comments only.
21. Use 24-hour clock for times. Abbreviate places ("JFK," "PO," "SCF," etc.). Show transportation in "via" column ("AA391," "SR 1560," "MVS," etc.). List prime flight trip first. If a back-up flight is required, skip a line, then record. Do not include this information on customer copies of this form.
22. Enter service industry code (SIC).
23. Enter marketing number.
24. Enter account representative name.
25. Signature of employee confirming delivery time with destination.