

Authorization Form

Bill To	Ship To
Name:	Name:
Company:	Company:
Address:	Address:
City, St, Zip:	City, St, Zip:
Phone:	Phone:
Fax:	Fax:
P.O. Number:	(will be provided on invoice for your reference)
Input File Information	
File Name:	Number of records:
Shipping: 🗖 Courier (FedEx, UPS, etc.)	🗆 E-Mail 🗖 FTP 🗖 Modem
(when transmitting data please be sure	file is zipped)
Media: □ 3480 □ 3490 □ Compress	ed 🛛 6250 BPI 🗖 1600 BPI 🗖 Std. Label
🗖 Transfer (email, ftp, modem)	\square PC Disk, CD \square Other:
Format*: \Box Text (\Box Fixed Length, \Box	Delimited, or \Box Packed) \Box ASCII \Box EBCDIC
\Box DBase \Box Excel \Box Access	Paradox Other:
Processing Information	
Job Type: Consumer Phone Business	Phone INCOA LACS Demo Append
\Box Reverse Append \Box Non-Sub	D List Select Other:
Output File Specifications	
Records Returned: All Records Ma	atches Only INon-Matches Only
Shipping: 🗖 Courier (FedEx, UPS, etc.)	🗆 E-Mail 🗖 FTP 🗖 Modem
Account Number:(for courier shipping)	
	sed 🗖 6250 BPI 🗖 1600 BPI 🗖 Std. Label
Transfer (email, ftp, modem)	
Format*: \Box Text (\Box Fixed Length, \Box	Delimited, or \square Packed) \square ASCII \square EBCDIC
\Box DBase \Box Excel \Box Access	\square Paradox \square Other:
Authorized Signature	
Authorized Signature:	Title:
Printed Name:	
CSS Direct Information	
Web Site: www.cssdirect.com	E-Mail mhurley@cssdirect.com
FTP Site: ftp.cssdirect.com	Modem: (402) 341-5432

* Extra charges apply to files not sent in fixed length ASCII format.