



# No Fee Pickup Service Agreement

The Postal Service™ has identified that the Business/Mailer below has sufficient mail volume on a weekly recurring basis (7 or more packages per pickup) above the minimum level, which precludes them from a pickup fee for either Pickup on Demand, Scheduled Pickup on Demand or Collection Service.

## A. CUSTOMER INFORMATION

1. Business Name:		2. Business Contact Name:	
3a. Business Contact Telephone Number:		3b. Cell Phone Number:	
4. Business Contact Email Address:			
5. Address where pickup is requested:		6. City/State/ZIP Code where pickup is requested:	
7a. Mailer ID:		7b. Customer ID:	
8. Product (Check appropriate items): <input type="checkbox"/> Priority Mail Express <input type="checkbox"/> Priority Mail <input type="checkbox"/> International <input type="checkbox"/> Returns <input type="checkbox"/> Other _____			
9. Estimated Volume per Pickup:		10. Estimated Monthly Volume:	11. Estimated Annual Revenue:
12. Type of Route (Check One) and Provide Number: <input type="checkbox"/> City _____ <input type="checkbox"/> Rural _____ <input type="checkbox"/> CDS/HCR _____ <input type="checkbox"/> Other _____			
13. Requested weekly recurring Pickup Schedule [Check appropriate day(s)]: _____ <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat			
14. Negotiated Pickup Time:			

## B. POST OFFICE CONTACT INFORMATION

1a. Post Office Name:		1b. Station or Branch Name:	1c. ZIP Code:
2a. Area:		2b. District:	
3a. Postmaster:	3b. Station or Branch Manager:	3c. Transportation Manager Name:	
4. Telephone Number:		5. Email Address:	

## C. SALES CONTACT

1. Name:	2. Title:
3. Telephone Number:	4. Email Address:

## D. APPROVAL AND CONFIRMATION

Signature of Postmaster/Station/Branch Manager or Transportation Manager and USPS Sales Representative is required to confirm information and agreement by all parties to provide a weekly recurring Pickup Service based on analysis of return on investment without a fee.

### Pickup Activation Date and Estimated Time of Pickup:

Signature of Customer		Title		Date	
Signature of Postmaster/Station/Branch/Transportation Manager		Date	Signature of Sales or OIS Contact		Date

# INSTRUCTIONS

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This form is used when a "No Fee Pickup Service Agreement" is initiated by USPS Sales and agreed upon by the customer and local installation head (i.e., Postmaster) or transportation manager for weekly recurring Pickup Request.

Specific instructions for each section are as follows:

## A. Customer Information

- 1. Business Name** — Complete name of business, no acronyms or symbols. For instance, John Doe Auto Distributors, Inc., not simply Doe Auto.
- 2. Business Contact Name** — The person that the USPS will contact for business concerns.
- 3. Business Contact telephone and cell phone number** — The telephone number and cell phone number of the person identified as the business contact.
- 4. Business Contact Email address** — The email address of the person identified as the business contact (Not the company website address).
- 5. Address** — Complete physical address of pickup location. The pickup location cannot be a Post Office Box or a private mailbox at a commercial mail receiving agency.
- 6. City/State/ZIP Code** — City, State and ZIP Code of the requested pickup location.
- 7. Mailer ID/Customer ID** — Identifies the mail owner and provides the USPS the ability to track volume and revenue.
- 8. Products** — Please check the appropriate box(es) for the products that are requested for pickup. Products that are included in the 7 or more item count are: Priority Mail Express, Priority Mail, International (Global Express Guaranteed, Priority Mail Express International, and Priority Mail International) and Returns (Merchandise Return Service Priority Mail).
- 9. Estimated Volume per Pickup** — As provided by the business/business contact. Must be a minimum of 7 or more items per pickup request.
- 10. Estimated Monthly Volume** — As provided by the business/business contact.
- 11. Estimated Annual Revenue** — As provided by the business/business contact.
- 12. Type of Route** — The type of route to be used to pick up the items along with the route number if available.
- 13. Requested weekly recurring Pickup Schedule** — Check all the applicable day(s) that the weekly recurring pickup is requested.
- 14. Negotiated Pickup Time** — Time of day that items are requested for pickup. Pickup times should be mutually agreed upon and take into consideration line of travel, vehicle traffic, etc.

## B. Post Office Contact Information

- 1. Post Office, Station or Branch Name, and ZIP Code** — Name of postal facility that will be performing the pickup service (This includes carrier annexes, mail processing facilities, etc.).
- 2. Area and District Name** — Name of the Area and District to which the facility performing the pickup service is assigned.
- 3. Postmaster/Station/Branch/Transportation Manager Name** — Name of the manager to which the pickup service personnel reports and will be responsible for executing pickup request.
- 4. Telephone Number** — Telephone number of the manager in charge of the pickup service listed on this form. Please include cell phone number if provided.
- 5. Email Address** — Email address of the manager in charge of the pickup service listed on this form.

## C. Sales Contact

- 1. Name** — Name of the USPS sales person who initiated this pickup service request.
- 2. Title** — Title of the USPS sales person who initiated this pickup service request.
- 3. Telephone Number** — Telephone number of the USPS sales person who initiated this pickup service request.
- 4. Email Address** — Email Address of the USPS sales person who initiated this pickup service request.

## D. Customer Information

**Pickup Activation Date and Estimated Time of Pickup** — Agreed upon date to begin weekly recurring pickup service at the location listed on this agreement. This agreement must be maintained at the facility providing the weekly recurring pickup service for the life of the agreement with the customer.

The signatures of the postmaster, station/branch manager of the facility providing the weekly recurring pickup service or district transportation manager, USPS sales representative (if appropriate), and the customer must be obtained to execute the agreement.

Any upgrade or modification to the original agreement must be attached to the original agreement form and executed accordingly.