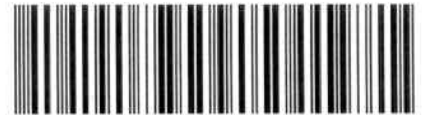




Application for Refund of Fees, Products and Withdrawal of Customer Accounts



00005673092709445706

(Use blue or black ink and print within the boxes.)

Part 1 - Application (Customer complete and submit to local Post Office™ for processing)

Customer/Company Name

Attention

Mailing Address (Address to which the funds will be mailed)

Apt. or Suite No.

City

State

ZIP + 4®

Telephone No. (Include area code)

Amount of Refund Request

Customer Account No. or Postage Meter No.

X Signature of Customer (Required)

Date of Request (MM/DD/YYYY)

Privacy Act Statement

Your information will be used to process and respond to your transaction. Collection is authorized by 39 USC 401, 403, 404, 410, 2008 & 31 USC 7701. Providing the information is voluntary, but if not provided, we may not process your refund request.

Request Disbursement For: (Select the appropriate box)

- Refund Postage and Fees (AIC 553)
Post Office PVI Error - Issued Locally
Refund of Extra Services Fees - Service not rendered
Spoiled/Unused Printed Customer Meter Postage (AIC 526)
Refund of Permit Postage and Fees (AIC 528)
Refund of Fees and Retail Services (AIC 535)
Value Added Services (AIC 541) - Refunds to mailing agents that perform value added service and submit mail at discounted rates. This refund will require the Customer Tax Identification Number (TIN).

Part 2 - Verification of Disbursements (This area is for Official use only)

Post Office: S a n F r a n c i s c o P & D C

Approved Amount of Disbursement

Post Office ZIP + 4: 9 4 1 2 0 - 7 8 3 6

Finance Number and Unit ID: 0 5 - 6 7 8 6 - 0 0 1 1

Telephone No. (Include area code): 4 1 5 - 5 5 0 - 5 7 5 0

Print Contact Name

Note: Customer signature required in Part 1.

Certifying Employee Signature Date Witness Signature Date