

C.O.D. Enhancement Programs Program Information Change Form



To request a change to the information provided in your Agreement or information that you have otherwise provided to UPS Capital Trade Protection Services, Inc. ("UPS Capital") regarding your enrollment in one or more of the C.O.D. DirectSM Program, C.O.D. Automatic[®] Program, C.O.D. Secure[®] Program, or C.O.D. Delayed Deposit Program (each a "Program" and together, the "Programs") or to add a Program or to delete a Program in which you are currently enrolled, please (1) complete, sign, and date this Program Information Change Form and (2) deliver the Program Information Change Form to UPS Capital (a) via fax at 1-866-459-1467 or (b) scan and send via email to coddirect@ups.com. If you would like to change your Bank Account information, please also send a copy of a voided check ("starter" check is not acceptable) or a signed letter from your bank written on bank letterhead (verifying the account name (which name must match the account name provided in your Agreement) routing number and account number and that the account is eligible for ACH debits as well as credits (not blocked or a UPIC account)) for the new account(s). Failure to provide such documents or issues with verification may cause a delay in processing your request. If you are adding a new Program, the new Program will be subject to and you agree to be bound by the Terms and Conditions applicable to the Program, as provided to you, including the *Applicable Terms Addendum* thereto, and, except as amended by such Terms and Conditions, your Agreement. The term "Agreement," as used herein, shall include, as applicable, your *C.O.D. Enhancement Products – Request for Quote* and the *Program Procedures and Agreement* applicable to the Program(s) in which you are enrolled or your *C.O.D. Enhancement Programs Enrollment and Authorization Form* and the *Terms and Conditions* applicable to the Program(s) in which you are enrolled. Capitalized terms used but not defined herein shall have the definition given in your Agreement.

All changes must be made by an authorized person. Changes to the Company bank account must be approved by the account holder(s). All other changes must be approved by at least one legal entity who is a party to the Agreement. This Program Information Change Form may be used to add a new shipper number or to report a shipper's name change, but cannot be used to report a change in a shipper's legal identity. To add a shipper entity or to report a change in the legal identity of a shipper participating in the Program(s), an Enrollment and Authorization Form and Applicable Terms Addendum must be completed and approved by UPS Capital. Please contact UPS Capital at 1-877-263-8772 if you would like to enroll a new company in the Program(s).

If you have any questions, please call us at 1-877-263-8772.

A. Requestor:	
Legal Name of Company (the "Company")	Federal Tax ID #
Address	State of Incorporation/Organization
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership
Does your Company have a website or social media site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide the website or social media site below:
Name of Person Requesting Change	
Shipper Number(s) Currently Enrolled in the Program(s) (separate numbers with a comma. Ex. 000831, 000111)	
Email Address	Phone #:
D/B/A or Trade Name	

B. Name Change:	
New Company Name	Date of Name Change
D/B/A or Trade Name	
Federal Tax ID #*	State of Incorporation/Organization
Type of Business:	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership

*** If your Federal Tax ID# is new or was changed, you must complete a new Enrollment and Authorization Form**

FOR INTERNAL USE ONLY
CPP Number:

C. Contact Information (please select all changes that apply):

Fax # Change Request (if multiple numbers, please separate each with a comma):

Delete Former Fax #(s): _____

Add New Fax #(s): _____

Email Change Request (if multiple email addresses, please separate each with a comma):

Delete Former Email(s): _____

Add New Email(s): _____

Contact Phone # Change Request (if multiple numbers, please separate each with a comma):

Delete Former Phone #(s): _____

Add New Phone #(s): _____

Address Change Request:

Delete Former Address: _____

Add New Address: _____

D. Change of Default Date for C.O.D. Delayed Deposit:

New Default Date: _____ days following posting of check item on the Deposit Scheduling Report.

E. Addition or Deletion of Program(s):

Add Program(s) - Please select the Program(s) that you would like to add:

C.O.D. Direct C.O.D. Automatic C.O.D. Secure C.O.D. Delayed Deposit

Please provide shipper numbers to which such changes will apply (separate multiple numbers with commas):

Please provide your my UPS ID if adding C.O.D. Delayed Deposit:

Delete Program(s) - Please select the Program(s) that you would like to delete:

C.O.D. Direct C.O.D. Automatic C.O.D. Secure C.O.D. Delayed Deposit

Please provide shipper numbers to which such changes will apply (separate multiple numbers with commas):

F. Addition or Deletion of Shipper Numbers or D/B/A or Trade Names:

Please select the Program(s) to which such changes will apply:

- C.O.D. Automatic
 C.O.D. Secure
 C.O.D. Direct
 C.O.D. Delayed Deposit

Add Shipper Numbers:

Legal Name	D/B/A or Trade Name	Shipper Number	Federal Tax ID #	DTL & Rate <i>(For Internal Use Only)</i>

Delete Shipper Numbers:

Legal Name	D/B/A or Trade Name	Shipper Number <i>(separate multiple numbers with commas)</i>

Add D/B/A or Trade Name:

D/B/A or Trade Name	Shipper Number <i>(separate multiple numbers with commas)</i>

Delete D/B/A or Trade Name:

D/B/A or Trade Name	Shipper Number <i>(separate multiple numbers with commas)</i>

G. Company Bank Account Change (requires approval of the account holder(s)):

Please provide mailing address for return checks (NSF) and notices:

(Attention)

Address

City / State

Zip

New Company Bank Account information:

For each new account, please attach a VOIDED check below or attach a letter from your bank on bank letterhead (verifying routing number and account number and that the account is eligible for ACH debits as well as credits (not blocked or a UPIC account)). Failure to provide such documents or issues with verification may cause a delay in processing your request. This page may be duplicated if extra space is needed.

Account Type: Checking Savings The bank account provided must be eligible to accept both ACH credits and debits.

Name of Company/Account Owner: _____

ABA / Routing Number: _____ Account Number: _____

Bank Name: _____ Bank Phone: _____

List all UPS® shipper numbers that will utilize this Bank Account (please separate multiple numbers with a comma. Ex. 000831, 000111):

Attach One of the Following Here:

Voided Check ("Starter" check is not acceptable); or

Signed letter from your Bank written on Bank Letterhead (verifying account name (which name must match the account name provided on the Enrollment Form) routing number and account number and that the account is eligible for ACH debits as well as credits (not blocked or a UPIC account))

*****Failure to provide one of these methods of deposit verification or issues with verification may cause a delay in processing your request**

The individual(s) signing below hereby represents that he or she has the full power and authority to execute and deliver this Program Information Change Form on behalf of all entities for whom changes are requested and all entities from whom approval is required for such changes. Changes pursuant to **Section G** of this Change Request Form require approval of the account holder(s) for each account being added. All other changes require approval of at least one legal entity listed in your Agreement. All legal entities listed in your Agreement are jointly and severally liable for any obligations of the Company under the Agreement and all change requests hereunder.

COMPANY NAME: _____

By: _____
(Signature)

Print Name: _____

Title: _____

Date: _____

COMPANY NAME: _____

By: _____
(Signature)

Print Name: _____

Title: _____

Date: _____

COMPANY NAME: _____

By: _____
(Signature)

Print Name: _____

Title: _____

Date: _____

**Appendix I
C.O.D. Information by Location**

(Required for C.O.D. Direct Participants ONLY IF Adding or Changing to Another Program)

PLEASE COMPLETE A SEPARATE FORM FOR EACH COMPANY LOCATION FROM WHICH C.O.D. SHIPMENTS WILL BE MADE.

Local Name: _____

Address: _____

UPS Shipper Number: _____

Average dollar value of C.O.D. shipments from all shipper numbers that will be participating in the Program:			
Annual UPS C.O.D. Values: (Current UPS Activity, only)	\$	Annual UPS C.O.D. Packages: (Current UPS Activity, only)	
Annual C.O.D. Values: (Activity with other carriers; Supporting details MUST be provided)	\$	Annual C.O.D. Packages: (Activity with other carriers; Supporting details MUST be provided)	
Total C.O.D. Values:	\$	Total C.O.D. Packages:	
Describe the Transportation service levels used for your C.O.D. Shipping:			
	Service Level		Percentage of total C.O.D. shipping
	Ground:		%
	Next Day Air:		%
	Second Day Air:		%
	Three Day Select:		%
	Total:		%
Most Common Reason for Shipping UPS C.O.D. (Please segment your C.O.D. shipments to fit the following):		Prior to permitting a customer to order on a C.O.D. basis, do you normally (Please check all that apply):	
Failed credit check	_____ %	<input type="checkbox"/> Obtain a valid credit card number	
Unfavorable credit experience	_____ %	<input type="checkbox"/> Verify the customer's telephone number	
Do not accept credit cards	_____ %	<input type="checkbox"/> Obtain a valid driver's license	
We don't offer credit terms	_____ %	<input type="checkbox"/> Other, please specify: _____	
Customer request	_____ %		
Other (Please describe below.)	_____ %		
Total:	100%		
Of your total UPS C.O.D. shipping, what will be your split between commercial and residential business?			
Commercial addresses	_____ %	Residential addresses	_____ %
To what types of businesses will you ship UPS C.O.D.? (Check all that apply)		What size is your C.O.D. customer base?	
<input type="checkbox"/> Distributors/Warehouses		Small business, estimated revenue less that \$10 million	_____ %
<input type="checkbox"/> Fairs		Medium business, \$10 million - \$50 million	_____ %
<input type="checkbox"/> Flea markets		Large business, estimated revenue over \$50 million	_____ %
<input type="checkbox"/> Individuals			
<input type="checkbox"/> Retailers			
<input type="checkbox"/> Other _____			
How do you market your products and attract customers? (Check all that apply)			
<input type="checkbox"/> Face-to-Face	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Telemarketing	<input type="checkbox"/> Internet
<input type="checkbox"/> Other, please specify: _____			