

CHAPTER NAME:		
COMPANY NAME:		
ADDRESS:		
PHONE: ( )	FAX: ( )	
FMAIL ·		

## THE MAIL LIST REQUEST WILL BE USED FOR:

Chapter (to gain new members)
Statewide
Other, Explain:

## **YOU WILL RECEIVE:**

1 Excel sheet with PAYO Members' email address

1 Excel sheet with PAYO Members' physical mailing address

## PLEASE PROVIDE: CITIES, STATES OR ZIP CODE

### **\*PLEASE INCLUDE A SAMPLE OF YOUR EMAIL OR FLYER WITH THIS FORM**

Submit completed form to ChapterRelations@payroll.org or fax to (210) 224-6038.

Allow 10 business days to receive your PAYO membership list.

For Chapter Relations use only:						
Requested	Created	Emailed	_Initials			

# PayrollOrg's – List Trade Agreement

We acknowledge that the names and addresses on these lists are the unique and valuable property of PayrollOrg. As such, these lists will be received by us and held in the strictest confidence. We agree that all the names and addresses on these lists remain the sole property of PayrollOrg. We understand that these lists are provided to us for ONE TIME USE ONLY; any further reuse of these lists must be requested from PayrollOrg in writing. We agree not to rent or re-sell these names and addresses to any other company or individual. We agree that they will not be "merged" with any other lists or data bases for any purpose other than the ONE TIME USE MAILING. Such use in our computers will be for the sole purpose of preparing the actual "mail merge" or for printing the labels associated with the ONE TIME MAILING.

We agree not to add telephone numbers to the list, nor use it for telephone solicitations. We understand that PayrollOrg has seeded the list with company names and addresses whose telephone numbers are publicly available through directory assistance.

After PayrollOrg has sent the lists to us, we understand that we shall be held unconditionally responsible therefore, and for any costs incidental to litigation, including PayrollOrg's reasonable attorney fees, which may occur should the conditions of this agreement be violated. We acknowledge that the list is the confidential and trade secret property of PayrollOrg, and any violation of the agreement will entitle PayrollOrg to injunctive relief, as well as damages outlined above. We understand and agree to take all necessary steps to prevent release or disclosure of the list or its origination to any third party, including individuals, associations, firms, and parent or subsidiary organizations, unless such disclosure shall have been authorized in writing by PayrollOrg.

PayrollOrg disclaims all warranties as to the list, including the implied warranties of merchantability or fitness for a particular purpose. In no such case will PayrollOrg be liable for any direct or indirect damages resulting from use of the list whether or not such damages are related to errors or other defects in the list. This agreement is binding regardless of whether we use the list provided by PayrollOrg.

#### All lists provided by PayrollOrg shall be used within 30 days.

This agreement shall apply in its entirety to all subsequent list uses made by us from PayrollOrg. By signing, I acknowledge that I am an authorized representative of the above company, and am authorized by my company to execute this agreement.

By signing the below you have read and agree to the responsibilities listed in the Agreement above.

Signature of Authorized Representative

Print Name of Authorized Representative

Date

Chapter Name