



American Physical Therapy Association of New Jersey  
 1100 U.S. Highway 130, Suite 3  
 Robbinsville, NJ 08691-1108  
 Telephone: (609) 208 0200 – Fax: (609) 208 1000

**MAILING LIST RENTAL PRINTER TERMS & CONDITIONS**

---

The American Physical Therapy Association of New Jersey (APTAnj) hereby grants to \_\_\_\_\_ (“Company”, in contract with \_\_\_\_\_), a limited, **one-time** license to use APTAnj’s membership mailing list. The membership mailing list shall provide sufficient contact information for Company to deliver items to APTAnj members via U.S. Mail.

Company agrees and acknowledges that APTAnj may refuse to rent its membership mailing list to any individual or entity whose product or programs conflict with the principles and philosophies of APTAnj. Company agrees and acknowledges that it may not, either expressly or impliedly, assert that APTAnj endorses or in any manner supports Company or its products and/or services.

Company agrees that it shall not use, or permit any person or entity to use, APTAnj’s membership mailing list, or any portion thereof, without the prior written consent of APTAnj.

Company agrees to keep APTAnj’s membership mailing list in strict confidence and to not sell or disclose such mailing list or its contents to any third party in any manner.

Immediately following Company’s one-time use of APTAnj’s membership mailing list, Company shall (i) immediately cease any subsequent utilization of APTAnj’s membership mailing list; and (ii) discard or destroy all originals and copies of APTAnj’s membership mailing list (whether in printed, electronic recorded, or any other tangible form).

In order to protect the reputation and goodwill of APTAnj, Company shall provide APTAnj with the right to review and pre-approve all material plans of Company or its agents to communicate with or to the individuals and/or entities on APTAnj’s membership mailing list unless and until APTAnj has reviewed such use and provided to Company prior written approval for such use. Furthermore, APTAnj may, in its sole discretion, at any time and for any reason, cancel or refuse any rental requests.

The individual signing this Agreement on behalf of Company hereby represents and warrants that he/she has the full power and authority to enter into this Agreement on behalf of his/her organization. All membership mailing list rental orders shall be considered tentative until Company signs this Agreement.

**American Physical Therapy Association of New Jersey**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name & title: \_\_\_\_\_

**Company**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name & title: \_\_\_\_\_

---

**This completed form needs to accompany the Mailing List Rental Order Form when ordering an Electronic Mailing List. Send to APTAnj, 1100 U.S. Highway 130, Suite 3, Robbinsville, NJ 08691-1108 or fax to (609) 208 1000. Thank you.**