

DIRECT MAIL ORDER



JOB NUMBER (if known) _____

JOB NAME _____

TOTAL PRINT QUANTITY _____

ESTIMATED MAIL QUANTITY _____

YOUR CONTACT INFORMATION

(as it is registered with the USPS if you are a nonprofit or have your own indicia)

Company Name: _____

Contact Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Direct Phone Number: _____

Contact Email: _____

NON-PROFIT RATES

☐ I qualify for non-profit rates _____ (initial if non-profit)

*Non-profit entities have special rules regarding mail piece design and content. The client understands that it is his or her responsibility to comply with these regulations and not the responsibility of CPCNeutek. Should any dispute arise, the client agrees to abide by the decision of the United States Postal Service and to not hold CPCNeutek liable for any additional postage incurred.

Non-profit number _____ CRID _____

MAILING CLASS

☐ First Class Presorted ☐ Standard Presorted ☐ Other (please specify) _____

To qualify for Presort there is a minimum of 200 pieces. All others mail straight First Class.

MAILING INDICIA

☐ Use CPCNeutek's Mailing Permit (we will place indicia in your art files)

☐ Use my permit number (please include indicia in your art files) Permit # (if applicable): _____

☐ Stamps

Is there Variable Data other than the address? ☐ Yes ☐ No (If yes, please explain under Additional Instructions)

Send the following lists back (please check all that apply):

☐ Final Processed Mailing List

☐ NCOA List

☐ Duplicate List

☐ Undeliverable Addresses List

DUPLICATE ELIMINATION

(no additional charge)

☐ None ☐ One per address ☐ One per last name and address ☐ One per full name and address

By selecting "None", the client understands that some recipients may receive multiple pieces.

FOREIGN RECORDS

(includes Canada)

☐ Mail to foreign addresses (PLEASE BE ADVISED - There is a \$50 minimum charge for mailing to foreign addresses.)

ADDITIONAL INSTRUCTIONS

Please list any special instructions.

☐ Special instructions below ☐ Special instructions attached

MAILING DROP

Desired Drop Date: _____

MAILING OVERS AND SAMPLES

We will contact you with any overs and how to proceed at that time.

SIGNATURE

I agree to the specifications as indicated on this form.

Signature _____

Date _____