



SPECIAL MAILING INSTRUCTIONS

COMPANY NAME _____ DATE _____
DEPARTMENT / COST CENTER _____
CONTACT NAME _____
CONTACT PHONE # _____
PROJECT NAME _____

PIECE COUNT _____ ***SAMPLE REQUIRED***

- **COMPONENTS: (CHECK & CIRCLE ALL THAT APPLY)**
- OUTSIDE ENVELOPE (WITH / WITHOUT WINDOW)**
- PRIMARY INSERT (PERSONALIZED / MULTI PAGE)**
- SECONDARY INSERT (GENERIC / MUTLI PAGE)**
- THIRD INSERT (GENERIC/ MUTIL PAGE)**
- FOURTH INSERT _____**
- REPLY ENVELOPE (6.75 / #9)**
- OTHER (SPECIFY) _____**

- **SPECIAL INSTRUCTIONS:**

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- **STOCK QUANTITIES :**
_____ **BOXES** _____ **TUBS** _____ **TRAYS**
- **SPECIAL SERVICES: (CHECK ALL THAT APPLY)**
- LABEL** **TAB X** _____ **MATCH** **FULLFILLMENT**
- DATE TO BE MAILED BY (NO " A.S.A.P.") _____**

- **MAIL AT:**
- 1ST CLASS PRESORT (ONLY QUALIFYING MATERIAL) 3-5 BUSINESS DAYS FOR USPS DELIVERY**
- 3RD CLASS (NON-PROFIT / REGULAR) ALLOW 2-4 WEEKS FOR USPS DELIVERY**

- **Customer Signature** _____