MAILING INFORMATION FORM

REQUESTED MAIL DATE _____

CLIENT INFORMATION

Company Name_____

Contact Name _____

City_____State_____ Zip _____

Phone _____ E-mail_____

PROJECT INFORMATION

TOTAL PRINT QTY _____

Mailing Qty._____Samples/Overs _____

Size of Piece_____Weight of Piece (lbs)_____

Thickness of Piece _____

Description: [   ]

MAILING INFORMATION

MAILING CLASS: ☐ ProPrint Presrt Std (#1003) ☐ ProPrint First Class

☐ Presrt Std ☐ Nonprofit ☐ First Class ☐ Other _____

Permit No. _____

PERMIT OWNER INFORMATION *(if different than ProPrint)*

Company Name_____

Contact Name _____

City/State/ Zip _____

Phone _____ E-mail_____

MOVE UPDATE performed the last 94 days? ☐ **Yes** ☐ No

If yes, indicate update type:

☐ NCOA ☐ One Code/ACS ☐ Ancillary Service Endorsement

☐ FAST Forward MLOCR ☐ NCSC Alternative Method

(If the client has completed the update, a form must be provided to us!)

☐ Move Update not needed

Reason: [   ]

DE-DUPE? If so, by what fields?

_____

☐ Client to review list and/or make corrections **BEFORE** mailing

AFTER LIST PROCESSING, Mail the following:

Passed ☐ Yes ☐ No
Fail CASS ☐ Yes ☐ No
Fail NCOA ☐ Yes ☐ No
Foreign ☐ Yes ☐ No

☐ Send lists back showing breakdowns

SPECIAL FIELDS REQUIRED, for mailing or variable data:
(Only if different from standard mailing address)

_____

IMPRINT TYPE: ☐ Upper Case ☐ Mixed Case

Nonprofit Authorization No. _____

NONPROFIT REGISTRATION INFORMATION *(if different from above)*

Company Name_____

Contact Name _____

City/State/ Zip _____

Phone _____ E-mail_____

MAIL OWNER INFORMATION *(if different from above)*

Company Name_____

Contact Name _____

City/State/ Zip _____

Phone _____ E-mail_____

SAMPLE ADDRESS:

☐ USPS Standard:
FIRST NAME, LAST NAME
TITLE
COMPANY NAME
ADDRESS LINE 1
ADDRESS LINE 2
CITY STATE ZIP

☐ Custom Address:
(List in order. Must meet USPS Guidelines)
[   ]