



# Mailing Order

Please fill out this form, print and submit  
or fax it to  
**248-476-1760**

## Customer Information

**NAME:**

**COMPANY:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**FAX:**

## Mailing Information

**PRINT ORDER #**

Please place your print order and enter the assigned number

**PRODUCT SIZE:**

**MAILING RATE:**

All lists will be processed as 1st Class by default

**INDICIA:**

**PERMIT NUMBER:**

**PERMIT OWNER:**

**ADDRESS:**

**CITY:**

**STATE:**

**ZIP:**

**PHONE:**

**ISSUING OFFICE:**

**POST OFFICE ZIP:**

**DATE OF ISSUE:**

## Project Imprint Information

Please indicate all parameters that pertain to your project:

**INCLUDE SALUTATIONS** YES NO  
(MR., MRS., MS., ETC.)

**INCLUDE MIDDLE INITIAL** YES NO

**INCLUDE SUFFIXES** YES NO  
(JR., D.O., M.D., ETC)

**INCLUDE COMPANY NAME** YES NO

**ADD "OR CURRENT OCCUPANT"** YES NO

## List Information

**PURCHASED LIST** YES NO  
*PLEASE COMPLETE OUR LIST ORDER FORM*

**CUSTOMER PROVIDED LIST** YES NO

**NUMBER OF RECORDS:**

**INCLUDE UNCERTIFIED ADDRESSES:** YES NO

**ADDRESS CORRECTION REQUESTED:** YES NO  
(ADDITIONAL FEES APPLY)

**ADDITIONAL INFORMATION / DIRECTIONS:**

**RESET FORM    SUBMIT FORM    MF01-2008**

Please do not mark in this space