

Mail Processing Request Form (Non Profit or 1st Class)

DEPARTMENT DATA

Department: _____
Contact: _____
Phone: _____ E-mail: _____
Account #: _____ Activity Code: _____

JOB INFORMATION

Mailing Name: _____
Piece Count: _____
Mailing Date: _____
Special Instructions: _____
Piece Type:
 Letter Flat Postcard Labels

Mailing Class:
 Bulk 1st Class NCOA Business
Mailing Instructions: Reply
 Folding Inserting Tabbing Addressing Included

VENDOR INFORMATION

Vendor's Name: _____
Contact: _____
Phone: _____

MAIL ROOM USE ONLY

Trays / Sacks: _____
Service Charge: _____ Postage Charge: _____