

BOTTOMLINE INK

Mail Job Request

Ordered By: _____

Order Date: _____

Contact Phone: _____

Contact Email: _____

PO/Reference: _____

Project Name: _____

Target Date: _____

Quantity: _____

List Source: _____ *(email, disk, etc.)*

Format: _____ *postcard, self-mailer, etc.*

Insert 1: _____

Insert 2: _____

Insert 3: _____

Insert 4: _____

Postage Type: _____ *(first class, standard, non-profit)*

Postage Method: _____ *(BGSU permit, stamp, meter, BLI permit)*

Permit #: _____ *(Required for BGSU permit)*

DCC/Fund _____

Addressing: _____ *(Inkjet, labels, etc.)*

Notes: _____

Fax to 419.897.0966 (800.701.1116)