

Customer _____ Job # _____

Contact Person _____ Phone _____

Quantity _____ Date to be completed: _____

SELF-MAILER: Wafer Seal

Description and order of enclosures:(see sample or explain)

MAILING CLASS:

- STANDARD PRESORT (Bulk)
AUTOMATE IF COMPATIBLE
- FIRST CLASS
- NON-PROFIT*
NON-PROFIT MUST BE
REGISTERED WITH THE
ELLSWORTH POST OFFICE

POSTAGE METHOD:

- INDICIA
- METER
- Permit No. 73
- Customer Permit # _____
- Town: _____
- STAMPS:
- Customer Provides
- DEG to Purchase
- Type of Stamp: _____

DELIVERY:

- Deliver to Client Call Client for P/U
- Deliver to _____ Post Office

POSTAGE COST: _____ Call Client w/Cost for Check Check Attached Bill Client

MAIL LIST: E-Mail On Disk Labels

Supplied by _____ When _____

Additional Info: _____

