



This is a "Fillable" PDF Form. Whether you have full Acrobat or Acrobat Reader, this form should work for you. Please complete as much as you can so to make the processing go smoother and give you a better postal experience at your BMEU. We accept most every database format, and will contact you if we cannot use it for some reason or conversion charges will be necessary.

NOTE: most items have help available. Hover your mouse over the fill in area and it will launch the available help for it.

Red border items are required - Please return this Order Form with your database and all required information answered to the best of your ability. ** It would be best if you would weigh 10 samples for weight AND measure a stack of 10 finished pieces as it is critical when filing eDocs or Mail.dat **

Today's Date MM/DD/YYYY	Your Name	Your Company Name	Your Permit Number	Using your Permit today?
<input type="text"/>				YES
				NO, my client's
				Other Permit
Your Email Address	Your MID (Mailer ID)	Your CRID (Customer ID)	Your Non-Profit Authorization Number	Your Purchase Order Number
Your Full Street and/or Post Office Box address including City State and Zip Code	Day Phone	FAX	Cellular Number	

Please select services you require *NOTE: CASS Certification is always performed

Move update method to be used	De-Dupe method for this mailing	Suppression Services	List Hygiene; Clean up errors (30 minutes at No Charge)
			Yes, do whatever it takes
			NO! Do Nothing! Mail As Is!
			Limit corrections to hours indicated in OTHER
			Other
DSF2 / Walk Sequencing	Track'N Trace - select one	1. We charge \$5.00/data file submitted; first file is included in the base charge 2. You may request a list be exported into multiple separate lists; charge is \$10.00 each after the first that is included 3. If your database has non-mail related fields that you need returned; charge is \$5.00 per non-mail related field such as "Salutation", "ID Number", "Telephone" and others 4. If we need to look up your MID and CRID or that of your client, there is a \$10.00/lookup/incident charge or connect to the BCG at https://gateway.usps.com/eAdmin/view/signin	
YES	YES	*** IMPORTANT *** The expected Mailing Date -----> MM/DD/YYYY	
NO	NO	<input type="text"/>	

Postal Permit, Physical Characteristics of Mail Piece, Additional Required Information

Class of Automation Mail for this mailing	Size of Mail Piece	Length & Width of 1 piece or Length & Width and Thickness of 1 Piece if a parcel	Weight of 10 pieces in ounces	Thickness of 10 pieces in inches for Letter Size or Flat Size
Presorted Standard	Post Card (4¼"X6" max.)			
Presorted Standard - Non-Profit	Letter Size (including cards over 4¼X6)			
Presorted First Class	** Letter Size FSM ** (Folded Self Mailer)			
Periodical	Flats			
Single Piece First Class Mail	Parcel			
Is this a FULL SERVICE Mail.dat mailing	Is this a Political Campaign Mailing	Is this an Official Election Mailing	Does this mailing include a CD/ DVD or other Disk	
YES	YES	YES	YES	
NO	NO	NO	NO	
			Other	
Please write the ZipCode and Post Office City where mail will be presented	If not yours, what Permit No. used for this mailing	If Non-Profit, please write the Non-Profit Authorization Number here	Your Client's MID (Mailer ID)	Your Client's CRID (Customer ID)

If mailing a parcel, please write down the sack number (#1, #2, or #3) and number of pieces that fit comfortably in that sack size and indicate in SPECIAL INSTRUCTIONS below.

Data Return Preferences and Billing Information

Type of File Do You Prefer to Get Back for Mailing	Type of compression of returned files	String choice for IMb	Please provide a NAME for this mailing to identify it for billing use
MS Excel 2003	Zipped	Alpha Characters	
MS Excel 2007 / 2010	Native	Numeric Figures	
CSV		Unsure, send both	
dBase 4			
If different format, please describe in Special Instructions			
Owner of this Mailing; Who are you doing this for or Permit Owner	Person at the "Owner" who is responsible for this mailing	Full phone number, daytime, for the owner of the mailing	Full fax number of mail owner
Owner's Email Address	Owner's Website, if known	Owner's Ghost Number, if known	
Full Street and/or Post Office Box address including City State and Zip Code of Mail Owner	Special Instructions for this mailing not elsewhere listed		

Required Information for Periodicals - PLEASE COMPLETE IF THIS IS A PERIODICAL MAILING ONLY, leave blank if not a Periodical

Percent of Advertising in this issue	Rates - Select One	Publisher's Name - Please provide the Publisher's Business Name, D&B number, Contact Name, Contact telephone number, Contact Email	Publication Number, Edition Code/Key, Issue Date, Issue Frequency, Mailing Date
	Regular		
	Non-Profit		
	Classroom		
	Science or Agriculture		

We email you invoices for completed work the 1st and 16th of the month, payable upon receipt. If you wish, we can email you an invoice immediately upon completion; payable on receipt. January 26, 2014, was to begin Full Service, electronic filing of paperwork. • 2014.10.08

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 BUFFALO NY • FCM and STD PI: **3284** • MID: **901337709** • CRID: **2435563**