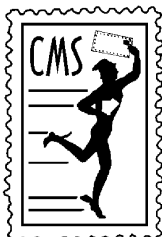


# MAILING SERVICES INSTRUCTION SHEET



## Complete Mailing Service

108 Du Bois Street  
 Santa Cruz, CA 95060-2109  
 (831) 425-5556 Fax (831) 425-0306

WWW.COMPLETEMAIL.COM

**Please allow 3-7 working days  
 for completion of your mailing**

Bill To: \_\_\_\_\_

Contact: \_\_\_\_\_

Address \_\_\_\_\_

City, St Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Requested Mail Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Project Name: _____
Purchase Order # _____

<u>Services Required</u>	<u>Service Descriptions</u>				
<input type="checkbox"/> Copying	<input type="checkbox"/> 8½ x 11	<input type="checkbox"/> 8½ x 14	<input type="checkbox"/> 11x17		<input type="checkbox"/> Other:
<input type="checkbox"/> Tabbing	<input type="checkbox"/> White	<input type="checkbox"/> Clear	<input type="checkbox"/> Color:		<input type="checkbox"/> Other:
<input type="checkbox"/> Folding	<input type="checkbox"/> Letter Fold	<input type="checkbox"/> Half Fold	<input type="checkbox"/> 'Z' Fold	<input type="checkbox"/> Dbl Parallel	<input type="checkbox"/> Other:
<input type="checkbox"/> Metering	<input type="checkbox"/> #10	<input type="checkbox"/> 6x9	<input type="checkbox"/> 9x12	<input type="checkbox"/> Self-mailer	<input type="checkbox"/> Other:
<input type="checkbox"/> Stamping	<input type="checkbox"/> #10	<input type="checkbox"/> 6x9	<input type="checkbox"/> 9x12	<input type="checkbox"/> Self-mailer	<input type="checkbox"/> Other:
<input type="checkbox"/> Sealing	<input type="checkbox"/> #10	<input type="checkbox"/> 6x9	<input type="checkbox"/> 9x12		<input type="checkbox"/> Other:
<input type="checkbox"/> Inserting	<input type="checkbox"/> #10	<input type="checkbox"/> 6x9	<input type="checkbox"/> 9x12		<input type="checkbox"/> Other:
Inserting:	Number of inserts:		<input type="checkbox"/> 'Z' Fold	<input type="checkbox"/> Match Letter	<input type="checkbox"/> Other:
<input type="checkbox"/> Labeling	<input type="checkbox"/> Cheshire	<input type="checkbox"/> InkJet	<input type="checkbox"/> Avery	<input type="checkbox"/> 1-column	<input type="checkbox"/> Other:

Other (please specify):

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<b>Mailing Class:</b>	<input type="checkbox"/> First	<input type="checkbox"/> Second	<input type="checkbox"/> Bulk Std	<input type="checkbox"/> Non-profit	<input type="checkbox"/> Other:
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**Special Instructions** (please detail your project needs here)


Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

REQUIRED

REQUIRED