The Mailing Group, Inc.

7924 Ronson Rd Ste G
San Diego, CA 92111-1918

COMPANY NAME_____ **JOB NAME**_____

CONTACT_____ **PHONE**_____

ESTIMATED QTY TO MAIL_____ **EXPECTED DROP DATE**_____

NUMBER OF LISTS_____ **LIST RENTAL Y or N - IF RENTAL WHAT TYPE? CONSUMER BUSINESS OCCUPANT**
(CIRCLE ONE) (CIRCLE ONE)

TYPE OF MAILING POSTCARD/SIZE_____ **SELF-MAILER LETTERSIZE - 1 or 2 TABS**

FLAT (IE 8.5 X 11 PROGRAM GUIDE) **LETTER IN A ENVELOPE**

LASER LETTER - GENERIC OR VARIABLE - PRINT ON 1 SIDE OR 2 SIDES SIZE 8.5 X 11 OR 8.5 X 14

OTHER_____
(CIRCLE ALL THAT APPLY)

IF INSERTS: QTY OF INSERTS_____ **TYPE OF ENVELOPE(SIZE)**_____ **WINDOW YES OR NO**

ORDER OF INSERTS FACING OUT THE BACK TO THE FRONT OF ENVELOPE

1)_____ **2)**_____ **3)**_____

4)_____ **5)**_____ **6)**_____

STAMPS or PERMIT **PERMIT #**_____ **POST OFFICE OF PERMIT** _____**(ie "San Diego CA" or "Escondido CA")**
(CIRCLE ONE) (IF YOU HAVE BEEN USING A MAILERS PERMIT # YOU WILL NEED TO CHANGE TO OUR PERMIT #)

MERGE/PURGE(REMOVE DUPLICATES) Y or N **ADDRESSED TO: FULLNAME or THE "LASTNAME" FAMILY**
(CIRCLE ONE) (CIRCLE ONE)

NCOA(national change of address) Y or N **IF A PERSON MOVED OUT OF THE AREA ARE WE MAILING TO THEM? Y or N**
(CIRCLE ONE) (CIRCLE ONE)

IF WE ARE PRINTING*, QTY OF SAMPLES YOU NEED_____ *TIP – SEND US HIGH RESOLUTION PDF FILES

DISPOSITION OF EXCESS MATERIAL RETURN RECYCLE SAVE/# OF DAYS _____
(CIRCLE ONE)

EMAIL DATA TO: WF@THEMAILINGGROUP.COM

MARC MENKIN 858.614.0253 x 3
BILL FURBUSH 858.614.0253 x 1
MAIN OFFICE 858.614.0253
OFFICE FAX 858.614.0257
WEB SITE WWW.THEMAILINGGROUP.COM

POST OFFICE 858.674.0400
(FOR HELP OR QUESTIONS ON MAIL PIECE DESIGN OR TO CHECK PERMIT BALANCE)

DELIVERIES:
7924 RONSON RD STE D OR G
SAN DIEGO CA 92111
HOURS - WAREHOUSE: MONDAY – FRIDAY 8:00am – 4:30pm
HOURS – OFFICE: MONDAY – FRIDAY 7:30am – 5:00pm

SPECIAL INSTRUCTIONS:

C:\WEB DOCS\JOB SPECIFICATIONS FROM CUSTOMER.RTF