

MAILING LIST COUNT/ QUOTE FORM

Business Name _____
Address _____
City _____ State: _____ ZIP _____ Phone: _____
FAX: _____ Pager: _____ Cell: _____
Contact Name: _____ e-mail address: _____

MAILING LIST ORDER

____ Resident/Occupant (label reads "resident" or "occupant" - no demographic information)

____ Head of Household (label reads "John Smith", demographic information available)

____ Business

Specify businesses you are looking for (for examples, look at headings in the phone book):

____ Other _____

Areas (Zip Codes, Counties, States you are interested in reaching):

'Extras" or "Selects" (demographics such as Age, Income, Number of Employees, etc.);

Miscellaneous Informationh / Questions:

Cost Per Thousand: \$ _____
(Cost Per Name): \$ _____

Cost for "Selects": \$ _____
(_____)

Total Cost Per Thousand: \$ _____ X _____ \$ _____

Minimum Charge: \$ _____

Mail / E-mail Charge: \$ _____

Tax (if applicable) \$ _____
Tax Exempt Number: _____

TOTAL: \$ _____