

Price Estimate Form

Date: _____

Company: _____

Contact Person: _____

Telephone: _____

Address: _____ Zip Code: _____

Please provide the following for the method for which you would like to receive the estimate:

Fax: _____ Email: _____

Total Pieces: _____ Class of Mail: ___ First Class ___ Presort Std ___ Non-profit

Operations Requested: Mail pieces is a ___ Self Mailer ___ Envelope ___ Invitation ___ Flat

___ Collating ___ Folding ___ Stuffing/Inserting ___ Inkjet Address

___ Sealing ___ Bulk Sorting ___ Metering ___ Stamping

___ Tabbing ___ Other(please describe) _____

___ # of inserts per envelope.

Mailing List Rental:

What kind of list: ___ Occupant/Resident list- No contact names provided.

___ Consumer list- Contact names are provided.

Type of List: ___ Residential ___ Apartments ___ Businesses

___ Single family ___ Multi family ___ Both

Please list any other criteria needed: ex. Income level, value of home, etc.

Thank you for contacting ProMail. You may fax this form to 401.784.6350.