

# REQUEST FOR MAILING LIST

Please print or write legibly

NAME					
FIRM'S NAME					
MAILING ADDRESS					
EMAIL ADDRESS (for electronic transmission)					
PHONE NUMBER					
SHIPPING METHOD	<input type="checkbox"/> Call to Pickup		<input type="checkbox"/> U.S. Mail		
Bus. List Type					
<input type="checkbox"/> All Businesses <input type="checkbox"/> In-City Businesses <input type="checkbox"/> Monthly Bus. List <input type="checkbox"/> Other					
Media Output/Storage	Document Format	All Bus.	In-City Bus.	Mthly. List	Other**
<input type="checkbox"/> Hard Copy	<input type="checkbox"/> MS Word (.doc)	\$ 32.85	\$ 27.38	\$ 16.43 + <sup>1</sup>	
<input type="checkbox"/> Labels	<input type="checkbox"/> MS Excel (.xls)	71.18	65.70	16.43 + <sup>2</sup>	
<input type="checkbox"/> CD-RW	<input type="checkbox"/> Text (.txt)	27.38	27.38	16.43	
<input type="checkbox"/> Email		20.00	15.00	10.00	
**OTHER (please specify your request)					
<sup>1</sup> \$16.43 for 1st page + \$1.10 for each additional page after <sup>2</sup> \$16.43 for 1st page + \$2.19 for each additional page after					
DATE _____		SIGNATURE _____			
BELOW FOR OFFICE USE ONLY					
REC. NO.		AMT PAID		PMT DATE	