

POSTAL PRESORT ORDER FORM

Company: _____ Date In: _____ Date Desired: _____ Job #/PO #: _____
Contact: _____ Job Name: _____
Email: _____ Mail Date: _____ Quantity: _____
Phone: _____ Fax: _____

Presort Specifications:**Class of Mail**

(Choose one)

- ☐ First Class™
☐ Marketing Mail®(Standard Class)
☐ Periodicals
☐ Package Services

Mail Rate

(Choose one)

- ☐ Regular ☐ nonprofit
☐ BPM ☐ Media ☐ Library
☐ Parcel Select
☐ PSLW

Piece Category

(Choose one)

- ☐ Letter -machinable ☐ Flat
☐ Letter-non-machinable ☐ Parcel
☐ Postcard
☐ Double Postcard
☐ Irregular Parcel - uniform
☐ Irregular Parcel -non-uniform

Mail Piece Specifications

(Per piece, in inches)

Height _____

Length _____

Thickness _____

Weight (oz.) _____

Postage Payment

(Choose one)

- ☐ Permit: _____
☐ Correct Meter
☐ Lowest Meter
☐ Stamps: \$ _____

Presort Options

(Choose all that apply)

- ☐ Carrier Route (CRRT)
CRRT Bundle Min: _____
☐ Sort for Walk Sequence
☐ Palletization:
☐ Trays ☐ Sacks ☐ Packages

Periodical Options

Advertising %: _____ ☐ Qualifies as Newspaper ☐ Apply in-country prices County of pub: _____

☐ Create firm bundles Minimum pieces: _____

Publisher name:	
Publisher phone:	
Publication name:	
Publication no:	
Edition code:	Issue date:
Volume no:	Issue no:
Frequency:	

Mail.dat® Options

Mail.dat job ID:
Customer Reference ID:
Contact name:
Contact phone:
eDoc sender CRID:
Payment account no:
Secondary permit no:
Secondary permit ZIP+4:
Postage Payment option: EPS debit other
Piece weight source:

Intelligent Mail Options:

Service option: ☐ Full ☐ Basic ☐ IMpb (parcels only)

Address change service: _____

☐ IMb tracing

Service Type ID: _____

Mailer ID:

Mailpiece: _____

Tray/Sack: _____

Piece Start #: _____

Container Start #: _____

Pallet Start #: _____

Package Barcode length (IMpb only):

☐ Short (7)

☐ Long (11)

Shipping Services file name (IMpb only): _____

Records to Exclude from Presort

☐ DPV Vacant

☐ Moved, no valid forwarding address

☐ DPV N

☐ Duplicates & Suppress Matches

☐ DPV Blank

☐ Foreign

Mail Component Characteristics

☐ Election Mail

☐ Political Mail

Incentives: _____

ENTRY POINT

Entry Point Discount:

☐ DNDC

☐ DSCF

☐ DADC

☐ DDU

☐ None

Entry Point (CSZ+4): _____

If multiple, include list of entry points in desired order

Acceptance Unit (CSZ+4): _____

Mailing Statement Information:

Permit Holder:					
Company:					
Contact:					
Address:					
City State ZIP:					
Phone:					
Email:					
Non-Profit Authorization #:					
Permit no. #:					
Permit facility ZIP+4:					
Permit Type:		Permit Imprint	Pre-canceled stamps	Meter	Add Postage
					Periodical
Mailer ID (MID):					
CRID:					

Mailing Agent: Same as Permit Holder <input type="checkbox"/>					
Company:					
Contact:					
Address:					
City State ZIP:					
Phone:					
Email:					
Non-Profit Authorization #:					
Permit no. #:					
Permit facility ZIP+4:					
Permit Type:		Permit Imprint	Pre-canceled stamps	Meter	Add Postage
					Periodical
Mailer ID (MID):					
CRID:					

Mail Owner: Same as Permit Holder <input type="checkbox"/>					
Company:					
Contact:					
Address:					
City State ZIP:					
Phone:					
Email:					
Non-Profit Authorization #:					
Permit no. #:					
Permit facility ZIP+4:					
Permit Type:		Permit Imprint	Pre-canceled stamps	Meter	Add Postage
					Periodical
Mailer ID (MID):					
CRID:					