

ARC-Management

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MAILING LIST RENTAL REQUEST FORM

LIST RENTED/BILLED TO:

Name: _____
Address: _____
City/State/Zip: _____
Phone/FAX: _____
E-mail: _____

SHIP TO (if different):

Name: _____
Address: _____
City/State/Zip: _____
Phone/FAX: _____
E-mail: _____

CRITERIA: *(who do you want to reach with your mailing; what area do you want to target)*

QUANTITY: _____

List Splits *(if desired)*: Number of segments: _____ Names per segment (even 1000's): _____

Mailing Date/Drop Date: _____ **Rental Delivery Needed By:** _____

Suppress our names from this mailing *(Please complete the suppression form for this service)*

DELIVERY METHOD AND FORMAT

FILE

E-mail address to be used for delivery: _____

File format type: _____

CD/DVD

Ship via: _____

PAYMENT INFORMATION

Credit Card: _____ / _____ / _____ / _____ Exp Date: _____ CID #: _____

Type of Card: ___ American Express / ___ Discover / ___ MasterCard / ___ Visa

Name Embossed on Card: _____

Address Credit Card is billed to: _____

SIGNED: _____ Date: _____