



United States Parachute Association®

5401 Southpoint Centre Boulevard, Fredericksburg, VA 22407

Telephone: (540) 604-9740; Fax: (540) 604-9741; E-mail: membership@uspa.org

Mailing List Rental Program Order Form

12-06

CONTACT INFORMATION

Ship to: _____

Contact name: _____

Address: _____

Address 2: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Fax: _____

Email: _____

Purpose of mailing: _____

Date sample sent: _____

(USPA must receive a sample prior to processing your order.)

Allow five business days for regular processing before delivery.

RATES AND CHARGES

Name charges for labels and electronic lists:

_____ labels @ \$.15 per name (500 name minimum)

Special combination sort charges (three sort maximum):

- \$25 for two sorts \$50 for three sorts

LABEL OUTPUT CHARGES

- 3-up peel-off labels \$0.02 each

- Electronic (forwarded to mailhouse only):

List e-mailed to mail houseno charge

CD only shipped to mail house . . . \$10.00 each

Diskette only shipped to mail house . \$5.00 each

DOMESTIC SHIPPING & HANDLING CHARGES

- Standard Ground Delivery

0-5 lbs. \$7.76

6-10 lbs. \$9.48

- Two-Day Delivery

0-5 lbs. \$20.70

6-10 lbs. \$32.20

- Next-Day Delivery

0-5 lbs. \$43.70

11-15 lbs. \$59.80

Call for shipping and handling charges for international orders.

SPECIFY SORT SELECTIONS

Add \$25 for two sorts. Add \$50 for three sorts. Three sorts maximum.

State _____

Zip _____

Region _____

Gender _____

Date joined _____

Ratings _____

FULFILLMENT

Label count: _____

Name charge (@ \$.15 ea.): \$ _____

Sort charge: +\$ _____

Output charge: +\$ _____

Subtotal: =\$ _____

Sales tax 5% (Virginia only): . . . +\$ _____

Shipping and handling charge: . +\$ _____

TOTAL CHARGES: =\$ _____

METHOD OF PAYMENT

(USPA must receive payment prior to processing your order.)

Check enclosed for: \$ _____

- VISA MasterCard

Card number: _____

Expiration date: _____

Name on card: _____

Signature: _____

No refunds or returns. Please sign above to confirm your agreement.

Pre-payment and a sample of your mailing are required prior to processing this request.

OFFICE USE ONLY

Notes: _____

Order date: _____

Date sample received: _____

Order approved by: _____

Date order approved: _____

Processed by: _____

Date processed: _____

Date shipped: _____

Please fax back this form, your sample, and the agreement to USPA at (540) 604-9741.