

- Subscription Sign-up -

Please complete and fax to: **269.323.3349**

For Questions or Assistance Phone: (269) 323-8788

Company Information

Co. Name	
Contact	Title
PH	email
Street addr.	Mail
City	st zip

Monthly Service Billing (Required)

Use Same Card for Postage Purchases/ or:

Credit Card Info: circle one: MC VISA AMEX DISC

circle one: MC VISA AMEX DISC EBT/Debit

Card#	Exp Date	Card/Acct#	Exp. Date
Name on Card		Name on Card/Acct	Routing #
Auth. Signature		Auth. Signature	

WORKSTATION INFORMATION:

Label Printer Make: _____ Model: _____ / Connection: SER PAR USB

Scale Make: _____ Model: _____ PC: _____ OS: _____ Ver: _____

Direct Internet Connection? Yes No (describe): _____ Speed: _____

Preferred Installation Date: ASAP OR ___/___/___ Time __:__ a.m p.m

Set-Up Features (PLEASE CIRCLE **Y**ES OR **N**O):

*Database Post-Back **Y N** Stealth Indicia? **Y N** (hides postage \$) *Delivery Confirmation? **Y N**
 *Document Label? **Y N** *Email Notify? **Y N** (REQUIRES MAPI CLIENT) *Use Parcel Insurance? **Y N**

USPS Services (PLEASE CHECK THOSE THAT ARE USED):

Domestic: First Class (UNDER 13 oz.) Priority (13 oz. +) Parcel Post Media/Library Express

International: Intl. Priority Intl. Express Intl. First Class

Projected USPS Packages Per Day? _____ Estimated daily USPS Postage expenditure \$ _____

USPS Rep. _____ Post Office: _____ zip _____

Monthly Access Fee (CC Info. Above)	\$ / month	Initial
Initial Set-up Charge (Billed Separately)	\$	Initial
Custom Services* (or hardware)	na	Initial

Approval Signature	Title	Date:
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Thank You! We look forward to being of service

TR#		ACCT#	
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