



Mailing Quote Request

Client: _____
Client Email: _____
Practice Name: _____

Quantity of mailing: _____

Mail Piece Description: Letter Card Other: _____

If Letter:

Number of Pages:

One Side Laser Two Side Laser

Additional Insert(s):

Envelope Size:

Window Closed Face

Personalization:

Letter Envelope Both

If Card:

Finished card size: _____

Supplied Pre-Print Digital Output

Does the Fold & Tab Close? Yes No

Postage: Pre- Sort Standard 1st Class Pre-Sort 1st Class
Post Card Rate (limited to max size of 4.25 x 6) Non-Profit

Postage Application:

Stamp Indicia Meter

List: Provided Needed (Purchased by Palm 1 Medical, target demographic will need to be provided)

Additional Needs or Specs:

Please save the file and email it to info@palm1medical.com