



**PREMIER**  
MAIL & FULFILLMENT

# QUOTE REQUEST FORM

FAX TO:

(513) 948-1329

CALL US WITH QUESTIONS:

(513) 948-1333

**Your Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**What type of piece will you be mailing?**

- Non-window Envelope
- Window Envelope
- Tube
- Jiffy Bag
- Poly Bag
- Box
- Card
- Self Mailer
- Other: \_\_\_\_\_

**Quantity to be mailed:** \_\_\_\_\_  
option 1 option 2 option 3

**Piece specifications:**

Height \_\_\_\_\_ ins.      Weight \_\_\_\_\_ lbs. \_\_\_\_\_ oz.  
 Length \_\_\_\_\_ ins.      Type of stock \_\_\_\_\_  
 Thickness \_\_\_\_\_ ins.      \_\_\_\_\_

**Addressing options:**     Inkjet       Laser       Label

**Finishing:**               Wafer seal top or bottom       Seal envelope

**Mailing list provided via:**

- Data file
- Pre-printed labels
- Data entry by Premier
- Purchase list from Premier

**No. of inserts per piece:** \_\_\_\_\_     By hand       By machine

**Postage applied via:**

- Meter **or**  Permit
- Presorted First Class **or**  Presorted Standard

**Date project will be received:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Date to be processed and mailed:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Other questions or concerns:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**When would be the best time to reach you?** \_\_\_\_\_

\_\_\_\_\_

9933 Alliance Road  
 Cincinnati, Ohio 45242  
 (513) 948-1333 phone  
 (513) 948-1329 fax