



Bethesda List Center, Inc.
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MAILING LIST ORDER FORM

Please complete the order form below and fax it back along with a copy of your mail-piece. If pre-payment is required you will receive and invoice via fax within 1 business day.

Please print clearly.

Date: _____

P.O.#: _____

List Name: _____

Ship to:

Bill To:** Same as ship to (Leave blank if checked)

Name: _____

Title: _____

Company: _____

Street _____

City, State ZIP _____

Phone #: _____

FAX #: _____

EMAIL _____

****Prepayment may be required.**

Mail Offer: Sample attached? YES

Please note: sample approval required on most lists.

Need By Date: _____

Orders generally take 3-5 business days

Quantity of Names: _____

Mail Date: _____

There is a minimum order on most mailing lists, please refer to the datacard or contact your customer care representative with any questions.

Mailing List Selections:

GEO (State, Zip of SCF code(s):

ALL PER LOCATION (no charge)

1 PER LOCATION

Ship To: (a third party address may be required)

EMAIL _____
Enter email address here

SPECIAL INSTRUCTIONS:

