Job Submission Form



Customer Name:		Job Name:			PO Number:		
Contact:	Phone:			EXT:			
File Name:		Expecte	d Overall Count:				
Dedupe Required:	Yes No	o Includ	le Cass Errors:	Yes	Νο	_	
	(Unconfirmed addres			ddresses)			
Data Categories:	Good Moves	Bad Moves	No Changes		Vacant		
	(Address groupings to include in	the mailing)				
Mail Class:	First Class	s Stand	ard	Non	-Profit		
Stock Availability Date:	Preferred Mail Date:						
*Please note, you must allo	w up to 14 days fro	m the listed date for non-profit,	; or up to 7 days for sta	andard mai	il to be delive	red	
Description of Mailing	:						
*For Example: Either a Card	, Brochure, #10 Env	velope, Flat, etc. Also please incl	ude a description of the	he inserts if	fapplicable		
Number of Inserts (If Applicable):					k: Yes	No	
Exact Match:	Yes No	o Print:		B/W	Color		
(Letter &	Envelope)	(11	(If Midwest is printing inserts/letterhead)				
	•	t all needed stock is in han t the "Submit" button and		-			
Signature:			Date:				