Novitex Enterprise Solutions

(Please select all services)

Customer Name: _____________________________ Date Rec’d: _______________________

Department: ________________________________ Due Date: _______________________

PO Box #: _______________ Phone: ____________ Date /Time started: ______________

Index / Lawon Code: ________________________ Date /Time completed: ____________

**SERVICES WILL BE ELECTRONICALLY BILLED TO CODE ABOVE**

Reference: ________________________________

**If you are not certain about all services required, please contact 828.0060 or 828.3868 for assistance.**

**Services Provided:**

**List & Database Processing**

List Set-Up _______ Hand Sealing (includes all envelopes up to 10”x13”) _______

CASS Certification _______ 8.5”x11” self mailer _______

NCOA (Move Update) _______ Manual Sort & Bundling (letter size) _______

Deduping _______ Manual Sort & Bundling (flat size) _______

**Addressing / Inserting Services**

Laser Letter Merge _______ Folding (manual) _______

Perfect Match (Manual) _______ Folding (machine) _______

Printing (Pressure Sensitive Labels) _______ Tabbing _______

Machine Labeling _______ Collation (hand / machine) _______

Inkjet address (Letter) _______ Misc. __________________________ _______

Inkjet address (Flat) _______ Job setup: _______

Inkjet indicia _______ Rush Job: (25% of total job cost) _______

Inkjet return address _______ Affix Stamps (manual) _______

Inkjet “teaser” line _______ Affix Stamps (machine) _______

Standard Bulk Mail Prep (and Delivery) _______

Inserting (manual / machine) _______

THIS IS NOT AN INVOICE.