

Thank you for your order! Please read through this set of instructions. Please complete page 2 of this application and then fax them to us immediately. Your payment can follow after you receive your invoice. You will quickly receive an "Application Received" notice with your Account Manager's name and contact information. Your invoice will follow in about ½ business day.

Please review this carefully. **We cannot mail without payment, written proof approval, and written mailing list approval.**

To complete your application, please determine the following:

Cash-Discount* Price Per Piece

***If paying by Credit Card, please Add \$0.01 (one cent) to the Price Per Piece.**

		Price List (5.5" x 8.5")	
		Standard Mail	
Total # to mail	B&W	10000	\$0.36
	B&W	7500	\$0.41
	B&W	5500	\$0.45
	Color	10000	\$0.39
	Color	7500	\$0.45
	Color	5500	\$0.49

- **Estimated Mail Date:** Determine when you want the postcards to land in the mailbox, and count back seven days. The shipment method we use is Priority Verification Drop Shipment for standard mail. According to the USPS this should land in 4-6 days, though we have experienced that it can take up to 10 days in some cases.

CONTACT INFORMATION

DCI Account Manager: Edward Waldman

Today's Date: ___/___/___

Estimated Mail Date: ___/___/___

Contact: _____

Dental Office: _____ Doctor: _____

Address: _____ City: _____ St: _____ Zip: _____

Office Phone: (____) ____ - _____ Fax: (____) ____ - _____ Email _____

CRITERIA FOR MAILING

Use my Office zip code of _____ and do not exceed a radius of _____ miles outward.

Phone # to use on card: _____ Type of card: Blk _____ Color _____

Name of Sample card to use for your postcard mailing: _____

PAYMENT INFORMATION

SEND INVOICE TO _____ EMAIL ADDRESS _____

Payment Method: Check Credit Card *Add \$0.01 to the price-per-piece due to Credit Card surcharges

_____ X _____ = _____
 (# to Mail) (Price per Piece)

Set Up Fee (1st time only) \$500

Processing Fee \$125 *Early Bird Special – Delete Processing Fee if payment and application are received by ACI at least 14 days before Est. Mail Date.*

Miscellaneous _____

Total Estimated Cost = _____

Please do **NOT** send payment until you receive your invoice from us.

Read before signing:

I agree to not duplicate this Mailing Program in any manner, as it is protected under intellectual property rights © Dental Crowds Inc. (DCI), 2006. I authorize DCI to print my postcards and submit them within 1-2 business days of my estimated mail date to the USPS for delivery. I acknowledge and agree that DCI does not guarantee response rates, results, or delivery by the USPS. I will not hold DCI liable for mail which is delayed due my lack of payment, my lack of written approvals, or the inability of the USPS to deliver the mail. DCI shall not be responsible for any consequential damages. In no event shall DCI's damages with respect to any individual mailings exceed the amount paid to DCI for such mailings.

Signature: _____ Date: ___/___/___