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order form

Bill Order To

Name _____
Company _____
Address _____
City/State _____ Zip _____

Ship Order To (No P.O. Boxes)

Same As Bill To Info

NAME _____
COMPANY _____
ADDRESS _____
CITY/STATE _____ ZIP _____

Contact

NAME _____ PHONE: (_____) _____
FAX (_____) _____ EMAIL ADDRESS _____

Job Description

Property Address _____

Or Self Promo For _____

Postcard Standard 4.25" x 6" Jumbo 5.5" x 8.5" Super Jumbo 6" x 11.5"
Flyer/Brochure 8.5" x 11" 11" x 17" (4 page) 8.5" x 22" (4 page) 11" x 24.625" (6 page)

Other Business Card Business Card Sticker Rack Card Presentation Folder Aerial

Quantity To Be Printed (Circle One) 500 1000 2000 3000 4000 5000 6000 Other* _____
*Only available in increments of 1000

Paper Stock 80# Text 100# Text Cover Other _____

Format (Check One) 4/0 Full Color Front / Blank Back 4/1 Full Color Front / Black & White Back 4/4 Full Color Front & Back

NML Distribution (Members Only) Distribute to:

- List 33106 - Miami/Hollywood (600 pieces)
- List 33110 - Ft Laud/Pomp/Boca (600 pieces)
- List 33112 - Plm Bch/Martin/St Lucie (600 pieces)
- List 33109 - Gold Coast Special (1800 pieces)
- List 33920 - Gulf Coast Special (900 pieces)
- List 33850 - Treasure Coast Special (900 pieces)
- List 39100 - Statewide Florida (3600 pieces)
- List 00001 - National / Comm'l (5000 pieces)
- List 60000 - SW US / Comm'l (500 pieces)
- List 40000 - SE US / Comm'l (500 pieces)
- List 70000 - NW US / Comm'l (500 pieces)
- List 50000 - NE US / Comm'l (500 pieces)
- List 80000 - Central US / Comm'l (500 pieces)

NMLCommLink
Please add NML CommLink E-Distribution option to this order. (I understand that there will be an additional charge for this service.)

NML Mailing Services

Please mail _____ pieces to the mailing list:
 that I will supply via Disk or Email (check one); or
 the mailing list to be created by NML (contact NML with specs)

Select Type of Postage

Presort Standard (200 piece min.) Presort First Class (500 piece min.)

Extra pieces left over after mailing should be:

shipped to me held for pick up held for future mailings

Payment Method - *Your order will not be shipped until Full Payment has been received.*

Enclosed is my check no. _____ in the amount of \$ _____.
 Please charge my VISA MasterCard AMEX in the amount of \$ _____.
Name As It Appears on Card _____ Exp. Date _____
CC Number _____ Sec. Code _____
CC Billing Address _____ Zip _____
Signature _____ Date _____

Shipping Method

UPS Ground
 UPS 2nd Day Air
 UPS Overnight
 Hold For Pick Up
 Other _____