UNITED STATES PARACHUTE ASSOCIATION

5401 SOUTHPOINT CENTRE BLVD. ● FREDERICKSBURG, VA 22407 ● TEL: (540) 604-9740 FAX: (540) 604-9741 ● E-MAIL: MEMBERSHIP@USPA.ORG

USPA Mailing List Rental Program Order Form 2203

The USPA Mailing List Rental Program is the largest and most accurate mailing list of skydivers in the United States. This list is comprised of participants and supporters of the sport of skydiving.

All List Rental Requestors must complete and send this order form, the signed list agreement, and all mailing samples with payment prior to processing an order. Contact membership@uspa.org with any questions.

CONTACT INFORMATION

Co. Name: _____

Requestor's Name: _____

Ship Address: _____

_____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Purpose of mailing: _____

Allow 2-3 business days for regular processing before mailing.

RATES

$.15 per name (500 name minimum)

LABEL OUTPUT CHARGES

❑3-up peel-off labels . . . . . $.02 each

❑ Electronic (forwarded to mail house only):
Mail House will receive an e-mailed list at No Charge

Mail House Name: _____

Contact Name: _____

Mail House Address/Phone: _____

_____

Mail House Email: _____

DOMESTIC SHIPPING & HANDLING CHARGES

❑ 500 – 3,000 Names. . . . . $ 10.00

❑3,001 – 18,000 Names. $16.00

Contact USPA for additional shipping options to include international orders.

SPECIFY SORT SELECTIONS

❑ State _____

❑ Zip _____

❑ Region _____

❑ Country _____

❑ Gender _____

❑ Date joined _____

❑ Ratings _____

❑ Licenses _____

❑ Others: Please contact USPA

FULFILLMENT

Label count: . . . . . _____

Name charge (@ $.15 ea.): . . . $ _____

Output charge: . . . . . +$ _____

Subtotal: . . . . . =$ _____

Sales tax 5.3% (Virginia only): . +$ _____

Shipping and handling charge: . +$ _____

TOTAL CHARGES: . . . . . =$ _____

OFFICE USE ONLY

Notes: _____

Order date: _____

Order approved by: _____

Processed by: _____

Date shipped: _____

METHOD OF PAYMENT

No refunds or returns. Please sign below to confirm credit card authorization and order agreement.

Check #_____ is enclosed for: . . . . . $ _____

❑ VISA ❑ MasterCard ❑ Discover

Name on card: _____

Signature: _____

Do not send credit card information via email.

******Information below this line will be destroyed after processing******

Exp. Date _____/_____/_____ CVC: _____/_____/_____

Card number: _____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/