

Stamps by Mail® Brochure Order Form Required Entry → Order No. (mm-dd-yy-ZIP+ 4®) Example: 12-18-05-22209-6057

You MUST complete ALL fields on this form

To: STAMPS BY MAIL CYRIL-SCOTT CO PO BOX 627 LANCASTER OH 43130-0627	Office Name	District	Area
	Contact Name		
	Contact Telephone No. (Include area code)		
	Contact Fax No. (Include area code)		
Telephone No. 800-466-0455	Fax No. 740-689-0210	Contact E-mail Address	

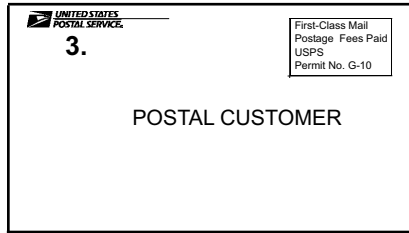
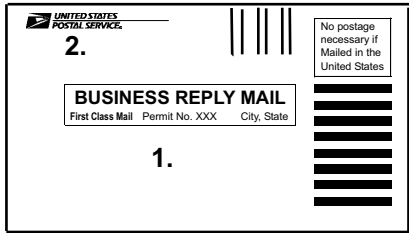
Quantity			
Item	Specify No. of Packs (500 forms per pack)	Unit Cost	Total
PS Form 3227 (Year-Round Version)	_____ @	\$12.06 ea. per pack =	
PS Form 3227 (Holiday), limited offering — Check Postal Bulletin schedule for availability.	_____ @	\$12.06 ea. per pack =	
Total			\$

Ship to (Cannot ship to Post Office™ boxes):

(Number, street, apartment, suite, city, state, ZIP + 4)	Contact Name
	Contact Telephone No. (Include area code)

Imprint Information

(Type or print clearly. Printer is not responsible for errors due to illegible or unclear copy.)



1. Imprint Address (Where order is sent for fulfillment - MUST include ZIP + 4) **2 & 3.** Return Address (MUST include ZIP + 4)

_____	_____
_____	_____
_____	_____

Payment Information: Orders will be shipped within 35 calendar days following print runs (see Postal Bulletin schedule.) Actual delivery times will vary based upon the destination. For orders over \$10,000.00 (only) submit PS 3227-O with approved E-buy to SM Management - route to PP&CS.

<input type="checkbox"/> VISA/IMPAC Card No.:	<input type="checkbox"/> Check (Include with order)
Exp. Date: _____	<input type="checkbox"/> USPS Money Order (Include with order)
Requestor Signature	Manager/Supervisor Signature
Funding/Credit Card Official Signature	Date Signed

If shipment is over 20,000 forms (40 packs), enter finance number to be charged for transportation costs (see Postal Bulletin estimations): _____