



Client Information

Welcome - We are happy to have you join us as a new client and look forward to helping you. As a prelude, please complete the following and either mail it to PostMark, Inc., 390 Cassell Street, Winston Salem, NC 27107 or FAX it to 336-722-2895.

Name: _____ Years at this address: _____
dba: _____ Federal Tax ID: _____
Address: _____ Telephone: _____
_____ Fax: _____
City, State, ZIP: _____ e-mail: _____

The following information is requested. It will be held in complete confidence and will only be used by POSTMARK:

Business Type: ___ Corporation (Year of incorporation ___) ___ Partnership
___ Sole proprietorship ___ Individual
___ For Resale (E-590 Attached)

To meet USPS Move Update requirements please (check one):
___ Add "OR CURRENT RESIDENT" to each address
___ Provide me with the USPS forms to allow PostMark to process National Change of Address
___ Provide me with USPS form 6014 for me to take full responsibility for updates and charges

Principals (names, addresses, and telephone numbers):

1. _____
Name Address Telephone
2. _____
Name Address Telephone
3. _____
Name Address Telephone

References (Names, addresses, telephone number, and fax number):

1. _____
Name Address Telephone Fax
2. _____
Name Address Telephone Fax
3. _____
Name Address Telephone Fax

We certify that all the information on this form is correct and agree to the proper payment [personal guarantee for business owners] in consideration of work performed and credit extended:

Signed: _____ Date: _____
Name (printed): _____ Title: _____