

VALASSIS LIST RENTAL ORDER FORM

Phone: 800-695-0957

Fax: 609-580-2899

Email: datalicensing@valassis.com

*** All Fields must be provided to process order. Failure to include information will delay order processing**

CONTACT INFORMATION

Company Name
 Contact Name
 Address
 City
 State
 ZIP Code

Phone
 Fax
 Email

BILLING INFORMATION

Order Date mm dd yyyy
 Company PO #
 Mailer (End User)
 Est. Order QTY

Check box if billing address is the same as contact address

Contact Name
 Address
 City
 State
 ZIP Code

CREDIT CARD INFORMATION

Credit Card Type
 Card Number
 Expiration Date mm yyyy
 Security Code
 Name on Card

I, authorize American List Counsel, Inc. (ALC) to charge the credit card account above.

SHIPPING INFORMATION

Date Needed mm dd yyyy

Check Box For Electronic Delivery

Email Address
 FTP Address

Delivery Format

Media Delivery Type

Check Box For Mail Delivery

Check box if shipping is the same as contact address

Attention
 Company Name
 Street Address
 City, State, Zip Code
 Phone

Shipping Method
 Account Number

ORDER DETAILS

Please Select Criteria from the drop down menu

Type Resident Only
 Name Selection Names Where Available
 Order Sequence Forward Order
 Sequence Numbering BY CRRT

Key Code(s)

Special instructions

MEDIA

Check box for labels

Format

PRE SORT SPECIFICATION

Check box if Pre-Sort Required

Weight: (Ounces/Piece)
 Thickness: (Inches/Piece)
 Postal Point Of Entry:
 Length (Inches)
 Height (Inches)
 City State Zip

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