

List Rental Order Form



Name: _____ Company Name: _____

Address: _____

City/Province: _____ State/Country: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ E-mail: _____

.....
Date Needed: _____

Check the list of purchase:

Location/Demographics

Domestic (by zip code) International (by Country) Canada

Member List—Commercial/For Profit: \$250/thousand (\$500 minimum charge); Associations/Non-Profit: \$195/thousand (\$350 minimum charge)

Special sorting request: Zip Alpha Other _____

Rate: Commercial Non-Profit

Check list type: E-mail Labels (additional \$100)

Give a detailed description of your mailing: _____

Did you enclose a copy of your mailing piece? Yes No

A sample of your mailing piece is necessary to complete order.

Please send to:

ACNM, Attn: Associate Membership Manager/Mailing List Order

1850 Samuel Morse Drive, Reston, VA 20190-5316

Phone: 703.708.9000 x1231 • Fax: 703.708.9015 • www.acnmonline.org

List Rental Agreement



_____ hereby acknowledges that ACNM makes its mailing list available to the public on a RENTAL ONLY, one-time basis. Its contents remain the property of ACNM. It is understood that this list may not be copied or transcribed, in whole or in part, for any reason or for any purpose. Usage of the list is limited to one mailing carrying the appropriate mailing piece or pieces approved by ACNM at the time the list was requested. Any other unauthorized use of this list is unlawful. Our usage of this list implies our agreement to honor these rules. If _____ cannot or refuses to abide by the rules as stated above, the list will be returned to ACNM for a full refund.

_____ understands that ACNM reserves the right to refuse to rent its list to concerns that submit inappropriate material(s) for approval. This policy exists to protect the ACNM and our members and subscribers from damaging or irrelevant mailing, and to protect your integrity as an ACNM mailing list user.

Violators of this agreement will be prosecuted to the fullest extent of the law.

Signature

Organizational Contact

Organization

Mailing Address

City

State

Zip Code

Phone Number

Fax Number

E-mail

Please fax or mail to:

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