

## Mailer Information Form

ENPOINTE Client #: \_\_\_\_\_

Client Name and Address:

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CRID: \_\_\_\_\_ MID: \_\_\_\_\_

### **Postage Payment**

Client has an EPS account:      Yes      No      (If yes, please fill in the below)

Permit Number: \_\_\_\_\_ City and State permit is held in: \_\_\_\_\_

Will the client be funding the EPS account?      Yes      No

Will client send postage money to ENPOINTE?      Yes      No

If the Client is a Non Profit or mailing for a Non Profit please fill out the below

USPS Non Profit Authorization number: \_\_\_\_\_

Name and Address for the approved USPS Non Profit:

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CRID: \_\_\_\_\_ MID: \_\_\_\_\_