

Package Services Presort Questionnaire (Formerly Standard B)

CLIENT:
JOB #:
JOB DESC:

Please complete this form accurately, as we will be setting up the, presort based upon your responses. Be sure to answer all of the questions. Should you have any questions, feel free to contact _____ at Anchor (631) 293-6100 X____. If the results of the Presort are incorrect due to inaccurate instructions, we may have to re-run the Presort, which may add considerable time and expense to the project.

1. MAIL TYPE

A. Is this a *Package Services Presort*?

YES NO

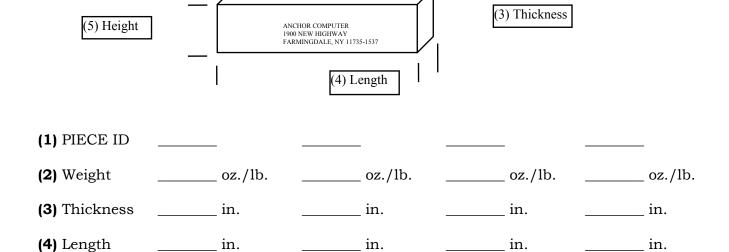
- **B.** Please *circle one*:
 - (F) **FLAT**
- (L) **LETTER**
- (M) MACHINABLE PARCELS
- (I) IRREGULAR PARCELS
- **C.** Package Services Presort Type: (Please *circle one*)
 - (N) NORMAL
- (B) **BOUND**PRINTED
 MATTER
- (S) SPECIAL

2. PIECE ATTRIBUTES

(5) Height

in.

A. The following physical mail piece characteristics must be filled out in their entirety. The presort cannot be started without this information. The physical dimensions are critical in determining the qualifications.



in.

in.

in.



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B. Is the mail piece a Standard Size? Y

ES	N
E-C	TAT.
E9	IN

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3.	QUALIFICATION

A. Do you want Carrier Route Sortation	A.	Do vou	want	Carrier	Route	Sortation:
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NO YES

4. DESTINATION DELIVERY MAILINGS

A. Are you doing a *Destination Delivery Mailing?*

YES NO

If **YES** proceed to question **4.B**. If **NO** proceed to question **4.C**.

B. Are you doing a delivery to *BMC's/ASF's*?

NO YES

If **YES**, we will sort the mail into BMC sequence as specified in Attachment A. If you wish to change delivery sequence, please indicate so in the appropriate column on Attachment A.

1 Attachment A sequence OK

] Resequence- see Attachment A

If **NO**, (Delivery points are other than BMC's/ASF's), please provide the following for each entry point:

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- 1) Sequence number of entry point
- 2) Entry Point complete zip code
- 3) Entry point name
- 4) All zip codes serviced through the specified entry point.
- **C.** Do you want the mailing to be sorted into *BMC Sequence*? (Non Destination Delivery)

NO YES

If **YES**, we will sort the mail into BMC sequence as specified in Attachment A. If you wish to change delivery sequence, please indicate so in the appropriate column on Attachment A.

Attachment A sequence OK

Resequence- see Attachment A

5. PALLETIZATION

A. Are you *Palletizing* the mail?

NO YES

If you answered **NO** to question **5.A**, proceed to section **6**. If you answered **YES** to question **5.A**, answer questions **5.B-5.C** And THEN proceed to section 6.



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В	3. Since the mail is being palletized, check the <i>Highest Level</i> of <i>Pallets</i> to be prepared for mailing:			
	BMC (Will provide 3-Digit / SCF / BMC Pallets)			
	SCF (Will provide 3-Digit / SCF pallets only)			
	3-Digit (Will provide 3-Digit pallets only)			
C.	Within <i>Palletization</i> - the palletized portion will use the following mail container: Please Circle One)			
	SACKS BUNDLES			
6. E	BAG/TRAY TAGS			
A.	Please enter the last line of the tag (max. 30 positions). This is the <i>ORIGIN</i> of mailing, example: "MAILCO, BROOKLYN NY 11219". You MUST include the full 5 digit zip code.			
	All mail not specifically assigned in section 4 will originate from the above "origin			
В.	What sequence do you want the tags to be in? NORTH/SOUTH WEST/EAST (Please Circle One)			
7. s	TREAMS			
A.	We will provide the mail in one continuous stream. Should you require the output in separate qualification levels, please circle one option:			
	(1) ONE CONTINUOUS STREAM			
	(2) PALLETIZED / NON-PALLETIZED			
	(3) OTHER:			
	DI BASE CO ON TO THE NEWT DACE			

PLEASE GO ON TO THE NEXT PAGE



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CLIENT _____

8. MAIL.DAT TAPE		
A. Do you want a MAIL.DAT Tap	re?	YES N
9. SPECIAL INSTRUCTIONS		
10. MISCELLANEOUS INFO	RMATION	
I FTTFDQUAD	CONTACT	

FORM COMPLETED BY ______ ON ___/___/__

(Authorized Signature)

CLIENT: _____

JOB #: _____

JOB DESC: _____

JOB DESCRIPTION _____



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(I difficily Staffdard D)	
ATTACHMENT A	BMC TABLE

CLIENT:
JOB #:
JOB DESC:

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03	02	07097	BMC NEW JERSEY, NJ	
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