



PMC SOLUTIONS - MAIL

Phone: 575-2650

Mailing Information Form University of Arkansas

Date: _____

Department Name: _____

Your UA Mailing Services PO#: _____
(Must be a UA purchase order for UA Mailing Services)

Mailpiece Description: _____

Sample Piece Given: YES NO (circle one)

Approximate Piece Count: _____

Authorized Mailer: _____
(please print)

Contact Phone: _____

Signature of Mailer: _____