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CASP LABEL REQUEST

REQUESTOR INFORMATION MEMBER NON-MEMBER

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Billing Address: _____

City: _____ check here if the same. State: _____ Zip Code: _____

School District: _____

Daytime Phone: _____ Email: _____

Please read this license agreement carefully before purchasing/using CASP membership labels. By signing this form you agree that: CASP membership list(s) are for a CASP-approved, one-time use only. CASP membership list(s) are the proprietary products of CASP. CASP membership lists may not, in part or whole be reproduced, copied, disseminated, entered into a computer database, used as a mailing list or otherwise utilized in any form or manner by any means except for the user's one-time individual use as agreed upon above. Violation of this agreement will result in a permanent ban on the sale of CASP list(s) to you or your organization, and could result in legal action against you or your organization. All lists are provided on pre-printed labels or emailed directly to a reputable mail house only.

I hereby accept the terms and conditions noted above.

Signature: _____

Note: Please contact the CASP office about purchasing a custom mailing list.

ORDER INFORMATION Non-Profit (\$.10 per address) For-profit (\$.16 per address)

Name of Order: _____

Please submit summary of purpose with a copy of the document to be mailed.

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Non-Profit (\$.10 per address) For-profit (\$.16 per address)

Name of Order: _____

Visa/MasterCard Purchase Order # _____ Check # _____ (make payable to CASP) Amount Paid \$ _____

Credit Card #

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Billing Zip Code

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 Expiration Date

You are authorized to charge this credit card for the payment.
(Please see note below regarding shipping/mailling costs.)

Signature: _____

Please note: There is no charge for emailing labels directly to a mailhouse from the CASP office. However, mailing of labels via USPS or other shipping service is at the cost of the customer and will be added to your charges.