

DILIGENT OFFICE HANDS.

(Extra hands for all your typing/admin needs)

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 Co. Dublin
 IRELAND
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| | |
|------------------------------------|--|
| Contact name (first name, surname) | |
| Company name (if applicable) | |
| Company/Home: street address | |
| Town/city | |
| Postal Code | |
| Contact telephone number | |
| Contact email address | |

| Mark the box next to the description of all the services that you require: | | X |
|--|--|--------------------------|
| 1.1. | I require a hand-written personal message (details included below) in each card that I provide. | <input type="checkbox"/> |
| 1.2. or | I require filling of all the envelopes provided with the pre-printed cards. | <input type="checkbox"/> |
| 2.1. | I require the recipients' names and addresses to be hand-written (from an address list which I will provide) on each matching envelope. | <input type="checkbox"/> |
| or | I will provide pre-printed address labels to be affixed to each envelope. | <input type="checkbox"/> |
| 3.1. | I will provide pre-printed "return address" labels to be affixed to each envelope. | <input type="checkbox"/> |
| 3.2. or | I require a hand-written "return address" on each envelope. | <input type="checkbox"/> |
| 4.1. | I will provide the necessary postage, and require that it be appropriately affixed to each envelope. | <input type="checkbox"/> |
| 4.2. or | I require Diligent Office Hands to purchase the necessary postage on my behalf, and affix the stamps to the envelopes. | <input type="checkbox"/> |
| 4.3. or | I do not require any postage to be affixed to the envelopes. | <input type="checkbox"/> |
| 5.1. | I require Diligent Office Hands to mail all the filled, addressed, and stamped envelopes by the end of the mailing period indicated below. | <input type="checkbox"/> |
| 5.2. or | I will collect all the filled, addressed, and stamped (if this option is selected) envelopes on the date indicated below. | <input type="checkbox"/> |

Quotations are based on the number of items to which each service will be applied:

| | |
|---|--|
| Number of items (Note that one item = matching card plus envelope) | |
|---|--|

| | |
|--|---------------------|
| Personal message (if option 1.1. is selected). | |
| Standard rates are based on a message with a maximum length of 350 characters. Additional fees are attached to longer messages: | |
| | |
| Time period for mailing of this order (if option 5.1. is selected) <i>Please provide a start and end date for the mailing period.</i> | (start date) |
| | (end date) |
| Date on which customer will collect the completed order (if option 5.2. is selected) | |