RAMAPOST
MARKETING | DESIGN | PRINT | MAIL

info@ramapost.com | www.Ramapost.com
P: 845.369.9600 | F: 845.369.9601
382 Route 59 Suite 264, Airmont, NY 10952

ADVANCE POSTAGE REQUEST

IMMEDIATE RESPONSE REQUIRED

DATE: ____ /____ /____

CUSTOMER INFORMATION

NAME: _____

REP: _____

PHONE: _____

FAX: _____

EMAIL: _____

JOB INFORMATION

RAMAPOST CONTACT: _____

JOB # & NAME: _____

EST. QUANTITY: _____

AVG. COST PER PIECE: _____

EST. MAIL DATE: _____

ESTIMATED POSTAGE AMOUNT

*This postage is only an **estimate***, which may change due to size, weight and quantity of piece. ***Please indicate the above Job # in the memo section of your payment.***

CLASS:
- ☐ FIRST CLASS
- ☐ STANDARD
- ☐ NON PROFIT
- ☐ PERIODICAL
- ☐ OTHER: _____

PIECE TYPE:
- ☐ POSTCARD
- ☐ LETTER
- ☐ LG ENV
- ☐ PARCEL

ESTIMATE: $ _____

**Any over payment will be applied to your invoice as a credit.*

Please make check payable to: RAMAPOST and send payment to the address above immediately or fax the front and back to the above number, or email **ar@ramapost.com**. Please keep in mind that advance postage is required 2 business days prior to mailing. A 4% fee will be assessed on all ***credit and debit card*** transactions. This fee will not be included in your postage amount and may not appear on your invoice. You may fill out the form below at ***ramapost.com/pay***, and under ***Reference*** please choose ***Postage*** from the dropdown menu. Alternatively, you may submit payment via ***Chase Quickpay (Zelle)*** to **chaseqp@ramapost.com** with no additional fee, or ACH to us.

Our ACH details are: Bank Name: Chase Bank **Bank Address:** 410 NY-59 Monsey, NY 10952 **Routing #:** 021000021 **Account #:** 807269469
There is a $2.95 processing fee for us to collect via ***ACH/e-check.*** Thank you.

RAMAPOST.COM/PAY UNDER REFERENCE CHOOSE POSTAGE FROM DROPDOWN
OR FILL OUT THE FORM BELOW

CREDIT / DEBIT

☐ CUSTOMER APPROVED CHARGE VIA PHONE CALL

☐ VISA ☐ AMEX ☐ MASTERCARD ☐ DEBIT

NAME: _____

ADDRESS: _____ ZIP: _____

CARD #: _____

EXP: ____ /____ CVV: _____

SIGNATURE: _____

COLLECT ACH/E-CHECK

☐ CUSTOMER APPROVED CHARGE VIA PHONE CALL

CHECK #: (OPTIONAL) _____

NAME ON ACCOUNT: _____

PHONE # ON ACCOUNT: _____

BANK NAME: _____

ROUTING #: _____

CHECKING ACCOUNT #: _____

SIGNATURE: _____

☐ I HEARBY APPROVE ALL ABOVE PROCESSING FEES
☐ I AUTHORIZE RAMAPOST TO KEEP MY CREDIT CARD OR BANKING INFORMATION ON FILE FOR FUTURE AUTHORIZED PAYMENTS INIT: _____