



**Request for MDA-Mail Services**

**Client Information**

*Name and address of location/branch requesting service*

Department	
Branch	
Contact Name	
Room/Floor	
Address	
City	
Province	
Postal Code	
Phone Number	
Fax Number	
Email	
6-Digit MDA Client Number	
Government Level	<input type="checkbox"/> Federal <input type="checkbox"/> Provincial <input type="checkbox"/> Municipal <input type="checkbox"/> Publicly Funded
Mail Delivery Type	<input type="checkbox"/> Lock Box <input type="checkbox"/> Pick Up/Drop Off <input type="checkbox"/> Redirection
Implementation Date	<input type="checkbox"/> PST Exempt <input type="checkbox"/> GST Exempt

**Billing Information**

*Required when billing address is different from above*

Department	
Branch	
Contact Name	
Room/Floor	
Address	
City	
Province	
Postal Code	
Phone Number	
Fax Number	
Email	
6-Digit MDA Client Number	

**Additional Services**

*Please mark the services you require*

<input type="checkbox"/> Mail Requiring Postage	<input type="checkbox"/> Permit Mail
<input type="checkbox"/> Interdepartmental Mail	<input type="checkbox"/> Couriers/Parcels
<input type="checkbox"/> Mail Preparation & Finishing	<input type="checkbox"/> Contract Management

**Courier Account Information**

Vendor	<input type="checkbox"/> Canada Post <input type="checkbox"/> Purolator
Current Account Number	
6-Digit MDA Client Number	

**MDA-Mail Services Agency Use Only**

Date Received	Postage Chargeback Number
Date Completed	Billing Account Number
Completed By	

When ordering envelopes instruct the printer to add your 6-Digit MDA Client Number below your return address.

An annual Contract Management Fee will be applied to your MDA-Mail Services Account.  
 If you require more information about your 6-Digit MDA Client Number, please call (204) 945-6042.