



Parcel Return Service Enrollment Request

Send completed request on company letterhead to:
Manager Business Mailer Support
475 L'Enfant Plaza SW Room 2P846
Washington, DC 20260-0846

1. Company Name		2. Contact Name	
3. Phone Number (<i>include area code</i>)	4. Cellphone Number		5. Fax Number
6. Email Address			
7. Rate category/categories to be used (i.e. RDU and RBMC):			
8. Proposed USPS retrieval locations and the individual contact information for your company's processing facilities the company contact or agent at each location:			
9. Projected volume per quarter for each RDU and/or RBMC:			
10. Proposed label and instructions for the consumer:			
11. Description of the electronic returns manifesting system to be used to document returns, by locations and rate eligibility:			
12. Current Parcel Select® parcel profile:			
13. Dates label distribution will begin:			
14. Third-party vendors only, provide a list of clients:			