

# Rapid Remailer Remailing Form

Please print this form, fill it out and enclose it with your items to be remailed.

Number of **LETTERS** for Basic Remail Service: \_\_\_\_\_ x \$2.00 Each = \$ \_\_\_\_\_

Number of **PACKAGES** for Basic Remail Service: \_\_\_\_\_ x \$5.00 Each = \$ \_\_\_\_\_

*Note – Packages are all items over 6 oz in weight*

Number of **LETTERS** for Delayed Remail Service: \_\_\_\_\_ x \$2.00 Each = \$ \_\_\_\_\_

Number of **PACKAGES** for Delayed Remail Service: \_\_\_\_\_ x \$5.00 Each = \$ \_\_\_\_\_

*Note – Packages are all items over 6 oz in weight*

Basic Letter Writing Service: \_\_\_\_\_ x \$1.00 per page = \$ \_\_\_\_\_

**PLUS**

\_\_\_\_\_ x \$0.10 per word = \$ \_\_\_\_\_

Translated Letter Writing Service: \_\_\_\_\_ x \$1.00 per page = \$ \_\_\_\_\_

*(Spanish to English OR English to Spanish)*

**PLUS**

\_\_\_\_\_ x \$0.10 per word = \$ \_\_\_\_\_

**Please Note:** For letter writing services the fees are BOTH \$1.00 PER PAGE and then the appropriate amount per word. The per page fee is to cover our paper and envelope costs. \$0.10 per word normal, \$0.20 translated.

Number of Items To Be Hand Addressed : \_\_\_\_\_ x \$1.00 Each = \$ \_\_\_\_\_

Number of Items Needing Postage : \_\_\_\_\_ x \$1.00 Each = \$ \_\_\_\_\_

Cost of Postage to be Affixed (if need): \_\_\_\_\_ = \$ \_\_\_\_\_

Remail From City (Old Town is FREE for other cities TOTAL is for of all items not per piece):

- |   |  |
|---|--|
| <input type="checkbox"/> Old Town, Florida (NO CHARGE)      | <input type="checkbox"/> Chiefland, Florida (\$10.00 Fee)    |
| <input type="checkbox"/> Cross City, Florida (\$20.00 Fee)  | <input type="checkbox"/> Steinhatchee, Florida (\$30.00 Fee) |
| <input type="checkbox"/> Otter Creek, Florida (\$30.00 Fee) | <input type="checkbox"/> Trenton, Florida (\$30.00 Fee)      |
| <input type="checkbox"/> Suwannee, Florida (\$35.00 Fee)    | <input type="checkbox"/> Bronson, Florida (\$40.00 Fee)      |

Online Confirmation Number (6 – 12 Digits Write Below) \$1.00 Per Order = \$ \_\_\_\_\_

CONFIRMATION NUMBER: \_\_\_\_\_

**TOTAL PAYED BY PAYPAL:** \_\_\_\_\_ = \_\_\_\_\_

**\*\* For Delayed Items, Enter the Date to be Remailed:** \_\_\_\_\_

What was the date/time/amount of the Dollars sent? \_\_\_\_\_

**Mail This Form to: RADICARIAN LLC, 25878 SE HWY 19, OLD TOWN, FL 32680**