

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):

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

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, PO BOX 34, OLD TOWN, FL 32680