

# MTS LOGISTICS

## DISTRIBUTION REQUEST FORM

### ATTENTION: DISTRIBUTION DEPARTMENT

PLEASE COMPLETE AND FAX TO 604-872-3566 OR EMAIL TO DISTRIBUTION@MTSLOGISTICS.COM

#### CONTACT INFORMATION

BUSINESS NAME	<input type="text"/>				
ACCOUNT #	<input type="text"/>	CONTACT	<input type="text"/>		
ADDRESS	<input type="text"/>		EMAIL	<input type="text"/>	
CITY	<input type="text"/>		POSTAL CODE	<input type="text"/>	
TELEPHONE	<input type="text"/>		FAX	<input type="text"/>	

#### MAILING INFORMATION

APPROXIMATE DATE OF SERVICE	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	M	M	D	D	Y	Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	APPROXIMATE QUANTITY	<input type="text"/>
M	M	D	D	Y	Y										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>										
SIZE	<input type="checkbox"/> Standard	<input type="checkbox"/> Manilla	<input type="checkbox"/> Other (specify)	<input type="text"/>											

#### DELIVERY SERVICES REQUIRED

<b>ON-ROUTE</b>	<input type="checkbox"/> Yes, please hand deliver through your drivers all on-route mail
<b>OFF-ROUTE</b>	<input type="checkbox"/> Yes, please send through Canada Post any off-route mail and bill postage to my account <input type="checkbox"/> No, please do not send off-route mail through Canada Post and instead return to our office

#### OTHER SERVICES REQUIRED

<b>ADDRESSING</b>	<input type="checkbox"/> Not Required (addressed envelopes provided)
	<input type="checkbox"/> Required <b>Database/Labels Provided By</b> <input type="checkbox"/> MTS <input type="checkbox"/> Client
<b>PRINTING</b>	<input type="checkbox"/> Not Required
	<input type="checkbox"/> Required (tick required options below)
	<b>Printing</b> <input type="checkbox"/> B&W <input type="checkbox"/> Colour <b>Sides</b> <input type="checkbox"/> Single <input type="checkbox"/> Double
	<b>Paper</b> <input type="checkbox"/> 20lb White <input type="checkbox"/> 28lb White <input type="checkbox"/> Colour Paper <input type="checkbox"/> Client's Letterhead
<b>ENVELOPES</b>	<input type="checkbox"/> Not Required (client will provide envelopes) <input type="checkbox"/> Not Required (brochures have space for label)
	<input type="checkbox"/> Required <b>Size</b> <input type="checkbox"/> No. 10 <input type="checkbox"/> 9 <sup>5/8</sup> x 5 <sup>7/8</sup> <input type="checkbox"/> 9 x 12 <input type="checkbox"/> Other <input type="text"/>
<b>FOLD/STUFF</b>	<input type="checkbox"/> Not Required
	<input type="checkbox"/> Required <b># Of pieces per envelope</b> <input type="text"/>

**THANK YOU FOR CHOOSING MTS LOGISTICS FOR YOUR DISTRIBUTION NEEDS!**

# MTS LOGISTICS

## DISTRIBUTION REQUEST FORM

### ATTENTION: DISTRIBUTION DEPARTMENT

PLEASE COMPLETE AND FAX TO 604-872-3566 OR EMAIL TO DISTRIBUTION@MTSLOGISTICS.COM

#### CONTACT INFORMATION

BUSINESS NAME	<input type="text"/>			
ACCOUNT #	<input type="text"/>	CONTACT	<input type="text"/>	
ADDRESS	<input type="text"/>		EMAIL	<input type="text"/>
CITY	<input type="text"/>		POSTAL CODE	<input type="text"/>
TELEPHONE	<input type="text"/>		FAX	<input type="text"/>

#### ZONES TARGETED

##### ZONE 1 (Lower Mainland / Fraser Valley)

<input type="checkbox"/> ALL	
<input type="checkbox"/> Abbotsford	<input type="checkbox"/> New Westminster
<input type="checkbox"/> Agassiz	<input type="checkbox"/> North Vancouver
<input type="checkbox"/> Aldergrove	<input type="checkbox"/> Pitt Meadows
<input type="checkbox"/> Burnaby	<input type="checkbox"/> Port Coquitlam
<input type="checkbox"/> Chilliwack	<input type="checkbox"/> Port Moody
<input type="checkbox"/> Clearbrook	<input type="checkbox"/> Richmond
<input type="checkbox"/> Coquitlam	<input type="checkbox"/> Sardis
<input type="checkbox"/> Delta	<input type="checkbox"/> Surrey
<input type="checkbox"/> Fort Langley	<input type="checkbox"/> Tsawwassen
<input type="checkbox"/> Hope	<input type="checkbox"/> Vancouver
<input type="checkbox"/> Langley	<input type="checkbox"/> West Vancouver
<input type="checkbox"/> Maple Ridge	<input type="checkbox"/> White Rock
<input type="checkbox"/> Mission	<input type="checkbox"/> Yarrow

##### ZONE 2 (Vancouver Island)

<input type="checkbox"/> ALL	
<input type="checkbox"/> Brentwood Bay	<input type="checkbox"/> Mill Bay
<input type="checkbox"/> Campbell River	<input type="checkbox"/> Nanaimo
<input type="checkbox"/> Chemainus	<input type="checkbox"/> Parksville
<input type="checkbox"/> Comox	<input type="checkbox"/> Port Alberni
<input type="checkbox"/> Courtney	<input type="checkbox"/> Qualicum Beach
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Saanichton
<input type="checkbox"/> Duncan	<input type="checkbox"/> Sidney
<input type="checkbox"/> Ladysmith	<input type="checkbox"/> Victoria

##### ZONE 3 (Thompson Okanagan)

<input type="checkbox"/> ALL	
<input type="checkbox"/> Armstrong	<input type="checkbox"/> Penticton
<input type="checkbox"/> Chase	<input type="checkbox"/> Salmon Arm
<input type="checkbox"/> Enderby	<input type="checkbox"/> Sorrento
<input type="checkbox"/> Kamloops	<input type="checkbox"/> Summerland
<input type="checkbox"/> Kelowna	<input type="checkbox"/> Vernon
<input type="checkbox"/> Oyama	<input type="checkbox"/> Westbank
<input type="checkbox"/> Peachland	<input type="checkbox"/> Winfield

##### ZONE 4 (Rest of British Columbia)

All cities not listed in Zones 1 - 3

ON ROUTE

OFF ROUTE

I AM INTERESTED IN OTHER PROVINCES

I AM INTERESTED IN OTHER STATES

OTHER NOTES

**SPECIALTIES TARGETED****MEDICINE SURGERY**

<input type="checkbox"/>	ALL
<input type="checkbox"/>	GP General Practitioner
<input type="checkbox"/>	FM Family Medicine
<input type="checkbox"/>	SM Sports Medicine
<input type="checkbox"/>	M01 Anaesthesia
<input type="checkbox"/>	M03 Bacteriology
<input type="checkbox"/>	M05 Cardiology
<input type="checkbox"/>	M06 Clinical Immunology
<input type="checkbox"/>	M07 Clinical Immunology & Allergy
<input type="checkbox"/>	M08 Clinical Pharmacology
<input type="checkbox"/>	M09 Community Medicine
<input type="checkbox"/>	M10 Critical Care Medicine
<input type="checkbox"/>	M11 Dermatology
<input type="checkbox"/>	M12 Endocrinology & Metabolism
<input type="checkbox"/>	M13 Dermatology & Syphilology
<input type="checkbox"/>	M14 Emergency Medicine
<input type="checkbox"/>	M15 Gastroenterology
<input type="checkbox"/>	M16 Geriatric Medicine
<input type="checkbox"/>	M17 Haematology
<input type="checkbox"/>	M18 Infectious Diseases
<input type="checkbox"/>	M19 Internal Medicine
<input type="checkbox"/>	M21 Internal Medicine T.B.
<input type="checkbox"/>	M23 Medical Biochemistry
<input type="checkbox"/>	M24 Medical Genetics
<input type="checkbox"/>	M25 Medical Microbiology
<input type="checkbox"/>	M26 Medical Oncology
<input type="checkbox"/>	M27 Nephrology
<input type="checkbox"/>	M28 Neonatal-Perinatal Medicine
<input type="checkbox"/>	M29 Neurology
<input type="checkbox"/>	M31 Neuropathology
<input type="checkbox"/>	M32 Neuroradiology
<input type="checkbox"/>	M33 Nuclear Medicine
<input type="checkbox"/>	M34 Occupational Medicine
<input type="checkbox"/>	M35 Paediatric Cardiology
<input type="checkbox"/>	M36 Paediatric Diagnostic Radiology
<input type="checkbox"/>	M37 Paediatrics
<input type="checkbox"/>	M39 Pathology
<input type="checkbox"/>	M41 Pathology (General)
<input type="checkbox"/>	M43 Pathology (Haematological)
<input type="checkbox"/>	M45 Pathology (Anatomical)
<input type="checkbox"/>	M49 Physical Medicine & Rehabilitation
<input type="checkbox"/>	M51 Psychiatry
<input type="checkbox"/>	M53 Public Health
<input type="checkbox"/>	M55 Radiation Oncology
<input type="checkbox"/>	M57 Radiology (Diagnostic)
<input type="checkbox"/>	M59 Radiology (Therapeutic) and Radiation Oncology
<input type="checkbox"/>	M61 Radiology (Diagnostic & Therapeutic)
<input type="checkbox"/>	M63 Respiratory Medicine
<input type="checkbox"/>	M65 Rheumatology
<input type="checkbox"/>	M99 FRCPC

<input type="checkbox"/>	ALL
<input type="checkbox"/>	S01 Cardiovascular & Thoracic Surgery
<input type="checkbox"/>	S02 Colorectal Surgery
<input type="checkbox"/>	S03 General Surgery
<input type="checkbox"/>	S04 General Surgical Oncology
<input type="checkbox"/>	S05 Neurosurgery
<input type="checkbox"/>	S06 Gynaecologic Oncology
<input type="checkbox"/>	S07 Obstetrics & Gynaecology
<input type="checkbox"/>	S08 Gyn. Repro. Endocrinology & Infertility
<input type="checkbox"/>	S09 Ophthalmology
<input type="checkbox"/>	S10 Maternal-Fetal Medicine
<input type="checkbox"/>	S11 Orthopaedic Surgery
<input type="checkbox"/>	S13 Otolaryngology
<input type="checkbox"/>	S15 Paediatric General Surgery
<input type="checkbox"/>	S17 Plastic Surgery
<input type="checkbox"/>	S18 Cardiothoracic Surgery
<input type="checkbox"/>	S19 Thoracic Surgery
<input type="checkbox"/>	S20 Cardiac Surgery
<input type="checkbox"/>	S21 Urology
<input type="checkbox"/>	S23 Vascular Surgery
<input type="checkbox"/>	S99 FRCSC

**DENTISTS**

<input type="checkbox"/>	ALL
<input type="checkbox"/>	D01 Dentists (Non-Specialty)
<input type="checkbox"/>	D02 Endodontics
<input type="checkbox"/>	D03 Oral and Maxillofacial Surgery
<input type="checkbox"/>	D04 Oral Medicine
<input type="checkbox"/>	D05 Oral Pathology
<input type="checkbox"/>	D06 Oral Radiology
<input type="checkbox"/>	D07 Orthodontics
<input type="checkbox"/>	D08 Paediatric Dentistry
<input type="checkbox"/>	D09 Periodontics
<input type="checkbox"/>	D10 Prosthodontics

**OTHER**

<input type="checkbox"/>	CH Chiropractors
<input type="checkbox"/>	NA Naturopaths
<input type="checkbox"/>	OD Optometrists
<input type="checkbox"/>	PH Physiotherapists
<input type="checkbox"/>	M50 Podiatry

**NOTES/OTHER REQUESTS**