



MAIL RETURNS

*CLIENT NAME	
*ORDER NO.	
BROKER	
CAMPAIGN	
INVOICE NO.	
DELIVERY DATE	
NUMBER OF MAIL RETURNS	

* Mandatory Field.

SIGNED:

NAME:

POSITION:

COMPANY:

DATE:

Please send returned mail to:

IncNet
Reply Paid
PO Box 1358
North Ryde NSW 2113

IncNet