

FROM: _____

POSTAGE DUE COMPUTED BY DELIVERY UNIT

POSTAGE _____


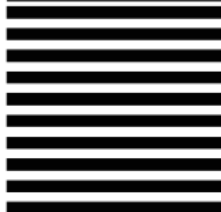
TOTAL POSTAGE AND FEES DUE _____

PRIORITY MAIL

MERCHANDISE RETURN LABEL
 PERMIT NO. 38 LAWRENCE KS 66046
 SELL YOUR STRIPS FOR MORE PO BOX 4690

POSTAGE DUE UNIT
US POSTAL SERVICE
645 VERMONT ST
LAWRENCE, KS 66044-8509

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

Cut out this shipping label and tape it to your package for free shipping.

INSTRUCTIONS FOR SELLING

1. If you have completed an online selling request*, please write your Order # _____ and skip to Step 2. If you do not have access to a computer and want to submit your selling request by hand, please fill out the form below.
2. Place this sheet in your box and ship your package using the attached shipping label.

*To submit an online selling request go to SellYourStripsforMore.com and click "Sell Diabetic Test Strips"

Fill out the form below only if you cannot submit an online selling request.

First Name

Last Name

Street Address

City

State Zip Code Apt/Building #

Email

Phone Number
 - -

Text me when my package is received

Once your package arrives we will sort and price it for you. If you would like to know what your supplies are worth please see our price list. If an item you want to sell is not on the price list please text us for a quote (785)-551-1599.

Preferred Payment Method
 Please choose how you would like to be paid.

Business Check (3-5 days)
Western Union Instant Transfer (1 day) <small>(A 22% fee of total payment is applied for Western Union Instant Transfers)</small>
Western Union Bank Transfer (6 days) \$6 Fee Routing Number: Account Number: