Company Name  Customer Name  Mailing Address (No., street, ste. no., city, state, ZIP + 4)  Signature and Date	United States Postal Service  Bulk Insured Service (BIS) Application	
Mailing Address (No., street, ste. no., city, state, ZIP + 4)  Signature and Date	Company Name	Customer Name
	Mailing Address (No., street, ste. no., city, state, ZIP + 4)	Signature and Date
Fax No. (Include area code)  Telephone No. (Include area code)	Fax No. (Include area code)	Telephone No. (Include area code)
Verification and Concurrence  Est verification of clicibility to porticipate in the Bulk Inquired Sonice (BIS) program, applicants must:		
For verification of eligibility to participate in the Bulk Insured Service (BIS) program, applicants must:		
<ul> <li>Mail insured articles under an approved manifest mailing system.</li> <li>Mail a minimum of 10,000 insured articles annually (a total of all insured articles mailed at mulitple locations).</li> </ul>		
Postmaster		Postmaster
Telephone No. (Include area code)		Telephone No. (Include area code)
Fax No. (Include area code)		Fax No. (Include area code)
Signature and Date		Signature and Data
Signature and Date		Signature and Date
Signature and Date		Signature and Date