

BOCES 2 Business Card Form

BOCES 2 PRINTING AND GRAPHICS ORDER FORM | TO ENSURE ACCURACY ALL RED SECTIONS MUST BE COMPLETED!

DT DC ABD Ham Sak EPS
Lam DES PIT GR GV OUT

Customer name _____ **E-mail Address** _____ **Phone No.** _____

District / BOCES 2 Department (see reverse side for approved list) / **Bill to** _____ **Date Submitted** _____

Date needed/Ship By _____

Job name _____ **No. of originals** _____

Proof needed (date?) _____

Copyright? (We respect the laws of copyright. All copyrighted materials must have approval attached) **YOUR Job #** _____

Quantity **500** _____ **PDF** _____

Two-sided or **One-sided** or **As is/labeled**

Shipping address/Location

Name _____
District/Business _____
Building _____
Street Address _____
City, State Zip _____
(Ship via: UPS B1 B2 Interoffice) (___ labels/map attached)

Collated (1,2,3; 1,2,3; 1,2,3) or **Uncollated** (1,1,1; 2,2,2; 3,3,3) **Slip Sheet** (between sets)

8½ x 11 or **8½ x 14** or **11 x 17** or **12 x 18** or **17 x 22** _____
up on sheet _____

Black & white or **Full color** or **1 / 2 / 4 color** _____
ink color(s) _____

Cover Stock **90# M** _____

Graphics	Printing
Time _____	Total quantity printed _____
Designer LM MM KS _____	# Color originals/imps _____
	# B/W originals/imps _____
	Electronic File _____
	-Location _____

BOCES 2 Business Card Information

Name: _____

Title: _____

Department: _____

Street Address: _____

Telephone no.: _____

FAX no.: _____

e-mail address: _____

New Card **Existing Card**

Department head signature: _____