

# State of Oregon

## Business Card Request form

### Price Matrix

Quantity:		Unit(s) = Quantity	1 = 250	2 = 500
<input type="checkbox"/> 250	<input type="checkbox"/> 500	1-Color / 1-Sided	\$25	\$35

Rush orders add \$10 per unit

**"SAMPLE CARD"**

Your Logo Here	<h1>Oregon</h1>
<b>Joanne E. Public</b> Public Service Representative 3 Your County, Branch or Area Your WWW Website Optional info 	DEPARTMENT _____ NAME _____ HERE _____ Department Subtitle 5555 SW Main St. Suite 55 Your town, State 00000-0000 (541) 555-5555, ext. 555 Fax: (541) 555-5555 Your E-mail address _____

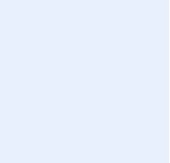

### To ensure that your business cards are delivered to you correctly, please observe the following guidelines:

- Business Cards are produced exactly as specified below.
- **Legibly** type or print all information exactly **HOW** and **WHERE** you want it to appear. *Incorrect or missing information on the format sheet will be incorrect or missing on your business card*
- A proof will be provided.
- Please include all descriptive prefixes or suffixes precisely as you wish to have them printed. (Department instead of Dept., etc.)
- Make sure to check the *Quantity* box.
- Cards will be delivered within 10 business days. Rush orders cost extra per unit. (see price matrix )
- **If you have any questions or have special needs, contact agency Purchasing Agent, at 503-584-3911.**

Send completed forms to AGC Rm. 158 ATTN: Purchasing Agent

### CUSTOMER INFORMATION:

PR Number: (AGC will assign)	PCA(S):	AOBJ: <b>4263</b>
Authorizing Signature:		Date:
Printed Name of Above Signature:		
Procurement Review: (AGC will sign)		Date:
iEMS # (for AGI orders only):		Check if Employee Pays <input type="checkbox"/>

	<h1>Oregon</h1>
First and Last Name	M i l i t a r y D e p a r t m e n t
Position Title (optional)	
	
email (optional)	

If you wish to add a backer e.g. mission statement or any additional information, please add here.  
 (\*\*Note. Backer has an additional \$10 charge)