

Order Date _____ Date Rec'd _____

- Standard Business Card
- 2-Sided Business Card
(2nd side black unless otherwise specified)
- Invitation / Announcement
 - Horizontal
 - Vertical
- Letterhead
- Envelope
- Foil-Stamping / Embossing
- Other _____

Card Stock and Color _____

Ink Color(s) or Foil _____

Quantity

- 500
- 1000
- Other _____

Use A Separate Order Form For Each Name & Use Two Order Forms For Two-Sided Business Cards

ART ATTACHED IS:

- Entire Card Camera Ready
- Art is Emailed: artwork pcart Name _____
- Camera Ready Art With Addition Of BCE Stock Art

- 24 Hour Rush Black ink only
 - PROOF NEEDED***
 - FLAT PRINT***
- * ADDITIONAL CHARGES APPLY
* ALLOW FOR EXTRA TIME ON TURNAROUND

Stock Art # _____
INDICATE PLACEMENT IN LAYOUT AREA

Layout Number _____
(ALL TYPESTYLES, SIZES, & LAYOUT WILL BE FOLLOWED EXACTLY UNLESS OTHERWISE SPECIFIED)



CAUTION!!!! PROOFREAD CAREFULLY
"SPECIFIC RESULTS REQUIRE SPECIFIC INSTRUCTIONS"

REORDER FILE NUMBER

Follow Position, Size and Style of:

- FILE NUMBER WITH CHANGES.
(PLEASE INDICATE ANY CHANGES)
- EXACT REPEAT OF FILE NUMBER.

PLEASE CHECK ALL BOXES ON THE ORDER FORM INDICATING EXACTLY WHAT YOU WANT, OTHERWISE WE WILL USE OUR DISCRETION IN CREATING YOUR BUSINESS CARD

Customer Layout Area

- Flush Left **TOP LEFT CORNER COPY**
- Center
- Flush Right

Indicate MAINLINE Typestyle & Size
DRAW ARROW

PLEASE INDICATE WHERE CAPS OR UPPER AND LOWERCASE

Indicate BODY COPY Typestyle & Size
DRAW ARROWS

PLEASE INDICATE WHERE CAPS OR UPPER AND LOWERCASE

- Flush Left **BOTTOM LEFT CORNER COPY**
- Center
- Flush Right

1/4" Margins on all sides unless otherwise specified

Bleeds this side

Bleeds this side

Bleeds this side

Bleeds this side

- Flush Left **TOP RIGHT CORNER COPY**
- Center
- Flush Right

First INK COLOR
DRAW ARROWS

Second INK COLOR
DRAW ARROWS

- Flush Left **BOTTOM RIGHT CORNER COPY**
- Center
- Flush Right

EVERYTHING THAT YOU WANT TO PRINT SHOULD APPEAR IN THIS BOX.

Additional Instructions _____

CUSTOMER AUTHORIZATION

NO. OF SETS	OP	CUST'S ART NO TYPE	ART W / CHANGE	SCAN & RETURN	SCANNING	FILE NUMBER	TYPE	PROOF 1	CORRECTIONS	PROOF 2	PRINT	SLITTING

DEALER NAME _____ DO NOT USE AS A DROP SHIP LABEL

ACCT #

Contact _____
FOR QUESTIONS REGARDING THIS ORDER

Telephone () _____

Dealer _____

Address _____
THIS IS YOUR BCE ACCOUNT NUMBER

City _____ **State** _____ **Zip** _____

- CHECK ONE**
- BCE Delivery**
Pre-Designated Routes Only
 - Ship UPS**
 - I will pick up order**
 - Drop Ship**
Attach Shipping Label

PRICE BCE USE ONLY

BASE PRICE _____

PASTE-UP _____

24-HOUR RUSH (BLACK INK ONLY) _____

business card express order form

