

# BUSINESS CARD ORDER FORM

**TRIDENT**  
COMMUNICATIONS, INC.

FAX 818/845-3843 • FAX 818/845-0356

YOUR PURCHASE  
ORDER NUMBER:

Company: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Requester's Ph: \_\_\_\_\_ Ext. \_\_\_\_\_

Requester's Fax: \_\_\_\_\_

INK:  Black  Foil  Other: \_\_\_\_\_

PAPER CHOICES:  Standard  Executive

PHOTO	NON-PHOTO
<input type="checkbox"/> Cards	<input type="checkbox"/> Cards
<input type="checkbox"/> Peel & Stick	<input type="checkbox"/> Peel & Stick
<input type="checkbox"/> Rolodex	<input type="checkbox"/> Rolodex
<input type="checkbox"/> Magnet	<input type="checkbox"/> Magnet
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Backer	

Your name (exactly as it appears on the card):	First	M.I.	Last	For AmEx cards: four-digit code above the card number:				
The account number as it appears on the card:				Card Expiration Date:	Month	Year		
Type of card: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express	Signature: _____			Date: _____				

PLEASE TYPE OR PRINT CLEARLY. Reprinting due to illegible handwriting or inaccurate information will be charged to you!

▼▼ TYPE WILL BE SET ONLY FROM BELOW INFORMATION. ▼▼

Logo for Card

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

LIST ALL PHONE NUMBERS REQUESTED ON THE BUSINESS CARD. NO MORE THAN FIVE.

(\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Direct

(\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_ Toll Free

(\_\_\_\_\_) \_\_\_\_\_ Fax

(\_\_\_\_\_) \_\_\_\_\_ Mobile

(\_\_\_\_\_) \_\_\_\_\_ Pager \_\_\_\_\_ PIN

\_\_\_\_\_ Other

\_\_\_\_\_ Other

**Tape sample of card  
HERE  
before faxing order.**

Ground Shipping takes 6 days  Ship Overnight

**HOT RUSH:**  
Print within 48 hrs of proof, then ship overnight.  
**\$35.00 Extra Charge**

QUANTITY:  250  500  1000  \_\_\_\_\_

**If no quantity is indicated, you will receive 500.**

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE, ZIP: \_\_\_\_\_

ADDITIONAL INSTRUCTIONS: \_\_\_\_\_

SHIP TO ADDRESS IF DIFFERENT THAN ON CARD:  
( This is not copy. This is for shipping instruction only.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residence Apt./MS: \_\_\_\_\_  
 Must Deliver On/By: \_\_\_\_\_

I want to see a proof. Please fax proof to: \_\_\_\_\_

## FOR TRIDENT USE ONLY

Date received at Trident:

Trident Job Number: