

BUSINESS CARD ORDER FORM
(Please type or print)

Date Submitted _____

Dated Needed _____

Quantity ___ 250 ___ 500 ___ 1000 Specify _____

Name/Professional Certification(s)	
Title	
Department/Office	
Address	815 NORTH BROADWAY SARATOGA SPRINGS NEW YORK 12866-1632
Phone Number	518-580-
E-mail Address	
Fax Number	

___ Sample card attached

Special instructions:

Department Head Approval:

- **PLEASE FORWARD COMPLETED ORDER FORM TO PURCHASING.**
- **NORMAL LEADTIME IS TWO (2) WEEKS FROM RECEIPT OF ORDER.**
PLEASE INDICATE RUSH JOBS IN "SPECIAL INSTRUCTIONS."