



Job Number

Routed to:

This form must be filled out completely. Please print clearly.

Date of Order _____ Date Job Needed _____ Location _____ Loc. # _____
Please do not write **ASAP** or **RUSH** - Normal turn around time is 7-10 working days.

Contact Name _____ Phone/Cell _____ Email _____

Payment Method: *Req. No. _____ P.O. No. _____ *Our vendor number is 12878. Internal Orders (Lawson) must be marked "X" on item type and "IO" on buyer for requisition to be processed.

Activities Fund Credit Card Check Cash Other _____ Billing Address _____

Delivery of Job: APS Interoffice Mail Call for pickup _____ Personal/Non-APS Order **GES Quote** \$

BUSINESS CARD QUANTITY & SPECIFICATIONS

Quantity APS Standard Format, First 100 cards free, per APS employee
 250 Cards (\$16.00) 500 Cards (\$25.00) 1000 Cards (\$40.00)

For multiple names continue with form AD12b2 Total Number of Names _____ Total Number of Cards (Include cards from form AD12b2) _____

Paper Color Solar White Antique Grey Indigo Ice Earthstone Silverstone Blue Stone

Ink Color Black Blue Executive Team* *Please Note: Executive team and/or Directors may choose red logo with blue type. Otherwise, options are blue or black ink. No other options available.

Custom/Non-APS Options These options are not available for APS Standard Business Cards. **\$35/hr fee applies for custom design and edits**

*Please Note: Prices above do not apply for these options. Call for custom prices.

Double Sided Card* Full Bleed* **Custom Paper*** _____ **Custom Ink** Full Color Other* _____
 Please Format* (set up fee will apply) File Provided by Customer (Must submit print quality pdf, sized 3.5"x2")


Special Instructions:

INFORMATION FOR BUSINESS CARD Fill out according to what you would like printed on the card.

If you are ordering one set of cards, please complete the information below. If you are ordering multiple sets of cards, please fill out additional names on form AD12b-2

Location Name _____
Address (include State and Zip) _____
Your Name _____ Title _____
Credentials _____ Phone _____ Fax _____
Email _____ Website/Cell Phone (optional) _____

Standard APS Business Card Format



ALBUQUERQUE PUBLIC SCHOOLS

Employee Name
Title

SCHOOL/DEPARTMENT
6400 Uptown Blvd. NE, Suite 222E 505.555.5555
P.O. Box 25704 FAX 505.555.5555
Albuquerque, NM 87125-0704 email_address@aps.edu

Please Email/Fax Proof to _____

Proof Approved by _____ Proofed OK Changes Okay to Print w/changes Print

GES Use Only

Job Completed by Date