



Job Number

Routed to:

Fill the Above Invoice/Order Form to the best of your knowledge, noting that some fields will be completed by your Project Specialist.

**CUSTOMER INFORMATION**

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 JOB QUOTE** \$

**BUSINESS CARD QUANTITY & SPECIFICATIONS**

Quantity **Single Sided**  250 Cards (\$16.00)  500 Cards (\$25.00)  1000 Cards (\$40.00)  
**Double Sided**  250 Cards (\$19.00)  500 Cards (\$28.00)  1000 Cards (\$46.00)

**FOR MULTIPLE NAMES**  
 continue with form AD12b2

Total Number of Names \_\_\_\_\_ Total Number of Cards (Include cards from form AD12b2) \_\_\_\_\_

**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

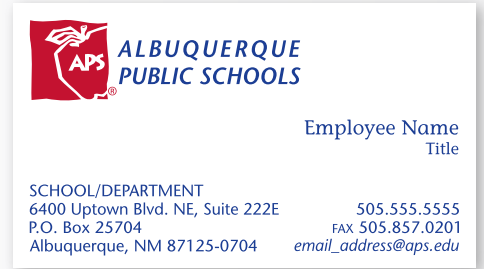
Location Name \_\_\_\_\_

Address (include State and Zip) \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Credentials \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website/Cell Phone (optional) \_\_\_\_\_



Standard APS Business Card Format

Please Email/Fax Proof to \_\_\_\_\_

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

**GES USE ONLY**

**JOB COMPLETED BY**

**DATE**