

Visual Art Services - Medical Center (V3) Business Card Ordering Form

PLEASE READ

- Complete this order form using Adobe Acrobat Reader or Acrobat Professional (Free Acrobat Reader software is available from www.adobe.com). **Forms that are handwritten will automatically have to go through the proofing process.**
- Completed forms should be faxed to 650-725-8016. Be sure that your fax machine can send clean copies. Faxes that are too dark or askew will delay the order process. **Always call (650-723-6813) to confirm fax receipt after fax transmittal.**
- **OR - Use Adobe Acrobat Reader or Professional to save your completed form and email to: visart@stanford.edu You will receive a receipt confirmation via email.**

CONTACT INFO: NAME

DEPARTMENT

UNIVERSITY ACCT #

PHONE #

EMAIL

CASH/Personal Check

FAX #

Please note:
Any order not billed to a Stanford Acct. number is subject to Overhead Charges & Sales Tax.

Quantity:

250

500

1000


Ink:

Raised

Flat

Proof Print (add'l \$6.95)

Version 3:

 STANFORD HOSPITAL & CLINICS <i>Stanford University Medical Center</i>	NAME Title Line 1 Title Line 2 Title Line 3
	Address Line 1 Address Line 2 Stanford, CA XXXXX-XXXX t: 650.XXX.XXXX f: 650.XXX.XXXX e: Single line email address two line email address

pager: 650.XXX.XXXX
appt: 650.XXX.XXXX
office: 650.XXX.XXXX

↑-----↑
optional

I would like more information about letterhead, envelopes, note pads or other print material.

CARD INFO:

*if needed fax info on a separate sheet with this order form

NAME

TITLE (1)

TITLE (2)

TITLE (3)

DEPARTMENT

ADDRESS (1)

ADDRESS (2)

ADDRESS (3)

PHONE

FAX

EMAIL

EMAIL or URL

Fax Completed form to: 725-8016 / Call 723-6813 for all inquires