

# Visual Art Services - Medical Center (V10) 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](http://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](mailto: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:

Ink:

250

Raised

500

Flat

1000

Proof Print (add'l \$6.95)

Version 10:



**JOHN Q. PUBLIC, M.D.**

TITLE

TITLE (LINE 2)

OPTIONAL TEXT LINE

DEPARTMENT

ADDRESS - LINE 1

ADDRESS - LINE 2

TEL: (XXX) XXX-XXXX

FAX: (XXX) XXX-XXXX

EMAIL: xxxxxxxxxxxxxx

[Large/Small CAPS for Name - UPPERCASE TEXT (CAPS) for Info]

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

CARD INFO:

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