Arkansas State University - Business Card Order Form

All A-State business cards must adhere to the design, graphic standards and specifications set by Publications & Creative Services (PCS). Any deviations from the graphics standards must have approval from PCS. (870) 972-3820 or pcs@AState.edu

There are two business card options for A-State faculty and staff. Please select the template you would like for your card. Should a faculty or staff member have an abundance of information, option two will be required; option one will not be available.

OPTION ONE



Employee Title, Office or Department if Applicable

COLLEGE OR DIVISION NAME P.O. Box 0000, State University, AR 72467 | p: 870-972-0000 | c: 870-972-0000 e: axxxxx@AState.edu | AState.edu **OPTION TWO**



This form can be filled out on screen and submitted, or emailed to PrintingServices@AState.edu. Fill in the blanks with the text exactly how you wish to appear on the card. Place cursor on the first line, click and type in data, tab to next entry, etc.

College:	Department:
Name:	s (i.e. PhD, RN, etc). Pronouns are optional.
Title:	
Campus Mailing Address: P.O. Box	Email Address:
Campus Phone #: (870)	Cell #:
Fax #:	Special needs or instructions:

Quantity Ordering:

250 - \$62 500 - \$70 1000 - \$80 2500 - \$110

1. Fill in the blanks in the form above. Check spelling and accuracy.

2. Submit or email this completed form to Printing Services (PrintingServices@AState.edu). This form can also be used as a quote for procurement.

3. We will send you a proof prior to printing. When you receive the proof, please double check everything for accuracy. Be sure to clearly note any errors and corrections needed.

4. Return the proof and approval cover sheet to A-State Printing Services as soon as possible.

5. Initiate a requisition for this order (you can order business cards for more than one person on a requisition). Please

include a *delivery location and contact information* in the Document Text area.

Requisition #R _____

P.O. # _____

 Ordered by: ______
 Phone #: ______
 Fax Proof to: ______