



New Order    Changes to previous order with Print Pointe

*(Fill in necessary information as it should appear on your card)*

First and Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department *(optional: select from menu)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

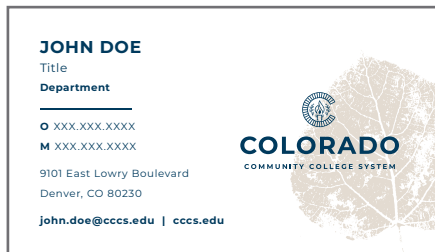
Office Phone: \_\_\_\_\_

Mobile Phone *(optional)*: \_\_\_\_\_

Fax *(optional)*: \_\_\_\_\_

E-mail: \_\_\_\_\_

Front of Card



Back of Card



**QUANTITY *(please check one box)*:**

**100** \$53

**250** \$57

**500** \$58.10

**1000** \$64.10

**BILLING INFORMATION:** ORG CODE: \_\_\_\_\_

**Supervisor/Org Code Manager Signature (REQUIRED):** \_\_\_\_\_

Person to contact for approval of proof and delivery:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**SCAN AND EMAIL THIS FORM TO: [iliff@printpointe.com](mailto:iliff@printpointe.com) or fax: 303.750.2933**

Proof Approval Signature (person listed on card): \_\_\_\_\_

**SUBMIT COMPLETED FORM TO SANDY WALLACE, FISCAL OFFICE, CCCS • 2ND FLOOR • (303) 595-1603**

\*Please note: Business Cards will be delivered within 24-48 hours of proof approval.