



Government Business Card Order Form

Schedule # 7511B
 Contract # GS-00F-0001K SIN J752-1
Please Type or Print

The Lighthouse For The Blind, Inc.
 PO Box 14959
 Seattle WA 98114-0959
 Phone: (206) 329-6720 or (800) 799-0402
 Fax: (206) 322-4419
www.LighthouseStore.org

A Contact Name:	Telephone:	Date:
Fax:	Email:	
Name of Agency:		
Shipping Address: (Orders shipped US Postal Priority Mail)		

Payment Method

Multiple Item Summary: Use the summary below to indicate total number of Business Card sets for this order.

Complete Sections A on first page only. Page ____ of ____

Credit Card Number	Expiration Date
Print Cardholder Name:	
Signature of Cardholder	
Check/Money Order #	
Purchase Order # (Minimum order value \$50)	
Billing Address (\$50 minimum)	

Sample: 3	Sample: BC0102	Sample: Black Blue	Sample A	Sample: \$19.79	Sample: \$59.37
QTY	Item No.	Color Choice	Style Choice	Unit Cost	Total Cost
Total Names				Order Total:	

Instructions for Braille Cards:
*Braille text is limited to four lines of 13 characters each.
 In using Braille there is no punctuation or capitalization.*

Please enter Braille text here:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%;">1.</td><td style="width:25%;"> </td></tr> <tr><td>2.</td><td> </td></tr> <tr><td>3.</td><td> </td></tr> <tr><td>4.</td><td> </td></tr> </table>	1.		2.		3.		4.		john smith dept of ed voc rehab 202-222-2222
1.										
2.										
3.										
4.										

Braille Pricing	
250 Braille One Side	\$25.00
500 Braille One Side	\$50.00
1000 Braille One Side	\$100.00

Business Cards have 30% PCW which meets Federal Procurement guidelines.

B **Type or Print Information AS IT SHOULD APPEAR ON CARD.**

Logo/Seal to appear on card <i>(Attach Sample)</i>	Second logo (for Style D only)
Agency Heading:	
Subheading (if any):	
Name:	
Title or other designation:	
Division, Branch, Office, etc:	

Single Order Summary – See Style Sheet for Details.

Style Selection (A, B, C, D, E):	If no selection is made, cards will be printed in black, in qty of 250, style A. Customers are responsible to ensure business card requests meet agency standards. * Set up fees may apply
No. of Sides (1 or 2):	
Logo- Foil or Print	
Color (Blue or Black):	
Quantity (this name):	<input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1000
Item #:	
Cost:	

Address Line 1:	Telephone:
Address Line 2:	Fax:
Address Line 3:	Email:
**Address Line 4:	**Other (specify)

For additional styles –visit www.LighthouseStore.org or call 1-800-799-0402 for more information. ** Information to appear on card back: (Typestyle will match front of card. Attach separate sheet if necessary.)** Address Line 4 and Other Telephone line not applicable on style C.

NOTE: Please preview order forms before submission. Correction requests will be at full cost to the customer if due to unclear orders or errors made on order form. We will honor all replacement requests due to errors on our part if notified within 30 days of shipment. All email addresses are set using lower case. Cancelled orders are subject to charge.