



Reprographics  
 4400 Cathedral Oaks Road  
 P.O. Box 6307  
 Santa Barbara, California 93160-6307  
 (805) 964-4711 • FAX: (805) 964-4712  
 Direct Dial: 964-4710 plus extension

# Request for Employee Business Card

## Instructions:

1. Please complete this form when placing an initial order for business cards **-or-** making changes to an existing card.
2. Submit this request with a Reprographics Order to Reprographics.  
**(For reprints with *no changes*, submit *only a Reprographics Order.*)**

Format:



Quantity:    50    100 Other                   

## Contact information on the business card is limited to:

Person's Name: \_\_\_\_\_

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

**Department** Name: \_\_\_\_\_

Primary phone number: \_\_\_\_\_

Cathedral Oaks direct dial (optional): ext. \_\_\_\_\_ **OR** Optional secondary (or cell) number: \_\_\_\_\_

Primary address (only one): \_\_\_\_\_

\_\_\_\_\_

Primary FAX (only one): \_\_\_\_\_

Primary email (only one): \_\_\_\_\_

**Additional essential contact information can be printed on the back of the card.**  
 Indicate additional essential information below (optional):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Sample information:

**Additional Contact Information**

Location/School Name  
 Room Number  
 Address  
 City, CA 00000  
 (805) 000-0000  
 FAX 000-0000  
 emailaddress@server.xxx

Approved by: \_\_\_\_\_  
 Signature of Administrator/Director

\_\_\_\_\_ Date