STANDARD UMASS BUSINESS CARD ORDER FORM

Business cards are available in quantities of 100, 250, 500 or 1000. Samples of the most popular layouts are shown below. Please specify your preferred layout. The seal and “University of Massachusetts Amherst” logo type must be printed in maroon. You may specify black or maroon for the remainder of the card at no additional charge. Cards are available in white or cream cover stock. Standard typesetting is included in the price. Please do not use this form for nonstandard business card orders.

Layout: CIRCLE ABOVE SAMPLE CARD

☐ NEW CARD ☐ RECALL (NO CHANGES) ☐ RECALL AND UPDATE SAME STYLE (NOTE: ONLY CHANGES)

Name___________________________________________________________________________________________
Title____________________________________________________________________________________________
Department_______________________________________________________________________________________
Room Number and Building______________________________________________________________________________
Campus Address_____________________________________________________________________________________
Street ________________________________________________________________________Room_______________
Zip +4_______________Telephone__________________ Fax Number_________________ Cell Phone ___________________
Email________________________________________  Web________________________________________________
Quantity__________                Stock Color: ☐ White ☐ Cream
☐ All maroon ink ☐ Maroon & black ink  NOTE: (Please note that style “C” and “E” will print all black with the exception of the UMass logo)
Please indicate where black ink is desired: _____________________________________________________________________
Name of Contact ____________________________________________________ Tel. No. ___________________________
Address__________________________________________________________ Fax Number ________________________

PROOFREADING:
A proof copy will be provided to you in 3 to 4 days. PLEASE INDICATE YOUR EMAIL FOR PROOFING (Please Print):
☐ Send soft proof (PDF) via email to : _______________________________________________________________________

BILLING INFORMATION:
☐ Cash or Check ☐ VISA ☐ Recharge ☐ Speed Type__________________________________________ Expiration Date_______  C V V__________
☐ ProCard ☐ Mastercard Card No.__________________________________

Name of Department __________________________________ Email ________________________________________________
Name of Authorized Person _________________________________________ Tel. No. ____________________________

DELIVERY INFORMATION: ☐ Customer Pick Up ☐ Deliver to Address Below
Name_________________________________________________________ Phone ________________________________
Building ________________________________ Room No. __________________

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