



Business Card & Compliment Slip Order Form

Date _____

- ① NAME: _____
- ② Title (English): _____
- ③ Title (French): _____
- ④ Email: _____
- ⑤ Phone number: _____
- ⑥ Cell number: _____
- ⑦ Fax number: _____
- ⑧ Toll Free (if applicable): _____
- ⑨ Address: _____

If the shipping address is different from the above, please provide shipping address:

Address: _____

City: _____ Province: _____ Postal Code: _____

Please choose from the following (To be Quoted):

Qty _____ 500/box SU-B-1819 Business Cards (Min. 250)

Qty _____ 1,000/pkg SU-B-4264 Compliment Slips

Estimate Total Price \$ _____
Initial to approve

Please check your submission to ensure it is filled in correctly. Print and fax/or scan this form to kendalladmin@on.aibn.com. A proof will be emailed or faxed back to you for approval prior to printing. Quote includes initial artwork set up and one proof. Any changes are subject to additional costs.

Business Card Sample
Front



Back



Compliment Slip Sample

