



Create-A-Card, Inc. Order Form

ACCOUNT REP: _____

Create-A-Card, Inc.
16 Brasswood Road
St. James, NY 11780
Phone: (631) 584-2273

Toll Free: (800) 753-6867
Fax: (631) 584-3214
Email: info@limocards.com
Website: www.limocards.com

CONTACT

Company Name: _____ Date: _____
Contact Name: _____ Email: _____
Phone: (____) _____ Website: _____
Fax: (____) _____ Cell: (____) _____
Ship To Address: _____
City: _____ State: _____ Zip Code: _____
How did you hear about Create-A-Card, Inc.? _____

PRODUCT

Product Order Information - Select the product and quantity you want to order:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Business Cards _____ | <input type="checkbox"/> Giant Tri-fold Brochures _____ | <input type="checkbox"/> Website Design _____ | <input type="checkbox"/> CD-Rom Presentation _____ |
| <input type="checkbox"/> 4" x 6" Post Cards _____ | <input type="checkbox"/> Stepped Inserts _____ | <input type="checkbox"/> Digital PDF _____ | <input type="checkbox"/> E-Blast _____ |
| <input type="checkbox"/> 5.5" x 8.5" Post Cards _____ | <input type="checkbox"/> Mini Presentation Kit _____ | <input type="checkbox"/> Internet Hosting _____ | <input type="checkbox"/> Custom Forms / PDF _____ |
| <input type="checkbox"/> 4" x 9" Rack Cards _____ | <input type="checkbox"/> Presentation Folder _____ | <input type="checkbox"/> Trade Show Display _____ | <input type="checkbox"/> Consulting _____ |
| <input type="checkbox"/> Bonus Cards _____ | <input type="checkbox"/> Thank You / Gift Cards _____ | <input type="checkbox"/> Signage / Graphics _____ | <input type="checkbox"/> CAC Product _____ |
| <input type="checkbox"/> Sell Sheets _____ | <input type="checkbox"/> Letterhead / Envelope _____ | <input type="checkbox"/> Airport Signs _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Tri-fold Brochure _____ | <input type="checkbox"/> Logo Design _____ | <input type="checkbox"/> Promotional Products _____ | |
| <input type="checkbox"/> 11" x 17" Newsletters _____ | <input type="checkbox"/> Ad Design _____ | <input type="checkbox"/> Labels / Stickers _____ | |
- 1,000 2,500 5,000 10,000 Other: _____
- First-time Client
 Exact Re-order
 Re-order with changes

FRONT SIDE

Front Card Image # _____ Clearly PRINT all the information to be placed on the front side of the card:

Note: It is very important that you double check all your spelling and contact numbers.

BACK SIDE

Back of Card - Clearly PRINT all the information to be placed on the back of the card:

DESIGN

Design Notes: Our professional designers will layout the best design that suits your needs. It is our #1 goal to provide you with the best looking and most effective marketing materials possible. If you would like to see something a certain way, just describe it below and we'll make your cards just the way you want it!

CHARGES

Quantity	Description	Cost of Goods:
Call for Shipping Charge. Add Shipping:		
NY State Only: County: _____ Tax Rate: _____%		
Total Cost:		
<i>Deposit is non-refundable.</i> Deposit:		

JOB AUTHORIZATION

Please sign and fax back to: Create-A-Card, Inc., (631) 584-3214

I give my authorization for Create-A-Card, Inc. to complete this job:

Sign Here: _____

Print Name: _____ Date: _____

By signing here you are agreeing to all Create-A-Card, Inc. terms and conditions.

If you would like to place an order over the phone please call us M-F, 9am-5pm, EST, and we will be more than happy to help you with your order.

PAYMENT AUTHORIZATION

PAYMENT INFORMATION – Prepayment in Full is Required Before Any Work Will Be Done On All Orders

VISA MasterCard AMEX Discover Check/Money Order

Credit Card #: _____ Exp. Date: _____ 3 or 4 Pin #: _____

Total to Be Charged To Credit Card: \$ _____

I, the undersigned, hereby authorize Create-A-Card Inc. to charge the above listed credit card account the amount indicated on this order. I approve by signing this faxed receipt, or my signature (or any company representative's signature) at the time of receipt, and that I will in good faith, make good on the above charges. I, the undersigned, do hereby personally guarantee payment in the event of non-payment without just cause by the above named company. I also understand that if I refuse an order already shipped that I am responsible for all freight charges related to the order. All transactions between buyer and seller shall be governed by the laws of the State of New York, and buyer consents to the jurisdiction of the New York Courts. All legal fees associated with the collection of this debt become the responsibility of the buyer.

Signature as it Appears on Card: _____

Name on Credit Card (please print): _____

Credit Card Billing Address - *if different from page 1:* _____

City: _____ State: _____ Zip Code: _____

After you have completed this form - please fax it to Create-A-Card, Inc. at: (631) 584-3214
If you are mailing in your payment, please mail to:
Create-A-Card, Inc. 16 Brasswood Road, St. James, NY 11780