



# Business Card Requisition Form

Date: (mm/dd/yyyy) \_\_\_\_\_

Quantity  250  500

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Local: \_\_\_\_\_

Address:

Postal code: \_\_\_\_\_

Business phone: \_\_\_\_\_ Residence phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Ship via: \_\_\_\_\_

Invoice to: \_\_\_\_\_

### For administrative use only:

Filled by: \_\_\_\_\_  Order complete

Sent: \_\_\_\_\_ Via: \_\_\_\_\_ Cost: \_\_\_\_\_

Email this form back to: [opseucommunicationsdepartment@opseu.org](mailto:opseucommunicationsdepartment@opseu.org)

If email is not an option please fax to: (416) 443-1762

Mailing address for completed cards \*\*\* Please print clearly as this is your mailing label \*\*\*

To: \_\_\_\_\_

Address: