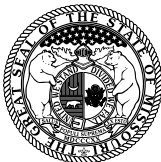




OA DOCUMENT SOLUTIONS
 4720 SCRUGGS STATION ROAD, JEFFERSON CITY, MO 65109
 P: 573.751.3307 MOPRINTMAIL.MO.GOV

BUSINESS CARD PRODUCTION REQUEST

CUSTOMER INFORMATION			
CONTACT PERSON			
ADDRESS			ROOM NUMBER
CITY		STATE	ZIP
DEPARTMENT		DIVISION	
SECTION/PROGRAM			
TELEPHONE NUMBER		AUTHORIZED BY	
EMAIL ADDRESS			
ESTIMATE (GOOD FOR 30 DAYS AT THE QUANTITY SHOWN)			
GIVEN BY / ESTIMATE NUMBER		DATE	
ESTIMATE AMOUNT		QUANTITY	
DELIVERY INFORMATION			
<input type="checkbox"/> DELIVER <input type="checkbox"/> SHIP <input type="checkbox"/> PICK-UP	ORGANIZATION NAME		
	CONTACT PERSON		
	ADDRESS		
ADDRESS			ROOM NUMBER
CITY		STATE	ZIP
NO. OF BOXES	RECEIVED BY SIGNATURE		DATE
	X		
DELIVERY INSTRUCTIONS			
DATE DELIVERED	DELIVERED BY (COMPLETED BY OADS)		

OADS CUSTOMER SERVICE REPRESENTATIVE	
JOB SPECIFICATIONS	
OADS CUSTOMER CODE	JOB NUMBER (COMPLETED BY OADS)
AGENCY PO NUMBER	
DOCUMENT TITLE	
DATE SUBMITTED	DATE REQUIRED
TYPE OF CARD	
<input type="checkbox"/> #1 - COLOR SEAL <input type="checkbox"/> #2 - GOLD SEAL <input type="checkbox"/> OTHER/CUSTOM	
QUANTITY <input type="checkbox"/> 250 <input type="checkbox"/> 500 <input type="checkbox"/> 1,000	
<input type="checkbox"/> 1-SIDED <input type="checkbox"/> 2-SIDED	<input type="checkbox"/> B&W <input type="checkbox"/> COLOR <input type="checkbox"/> BLEED
TOTAL NUMBER OF NAMES REQUESTED	
I NEED TO SEE A PROOF BEFORE THE JOB GOES TO PRODUCTION <input type="checkbox"/> PDF PROOF <input type="checkbox"/> PAPER PROOF	
JOB DESCRIPTION	
	
PRODUCTION COMPLETION DATE (COMPLETED BY OADS)	12/2022



Design



Print



Mail



Scan

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BUSINESS CARD PRODUCTION REQUEST

(CONTINUED FROM PAGE ONE)

