



DESIGN



PRINT



MAIL




REPEAT


**STATE PRINTING CENTER + CENTRAL MAIL SERVICES**

4720 SCRUGGS STATION ROAD, JEFFERSON CITY, MO 65109

P: 573.751.3307 MOPRINTMAIL.MO.GOV

# BUSINESS CARD PRODUCTION REQUEST

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

<b>SPC+CMS CUSTOMER SERVICE REPRESENTATIVE</b>	
<b>JOB SPECIFICATIONS</b>	
SPC+CMS CUSTOMER CODE	JOB NUMBER (COMPLETED BY SPC+CMS)
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 SPC+CMS)	

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(CONTINUED FROM PAGE ONE)



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