

**Business Card
Order Form**

Please upload a completed Business Card Order Form with your MARS Work Order in ITES.
Do not hand-write.

Today's Date: _____ (Please allow 2-3 weeks for delivery.)

Person Ordering: _____ Phone: _____

Department: _____ Fax: _____

BU	Account	Fund	Program	Department	Class	Project/Grant

Delivery Address: **211 Oswald Bldg., 470 Cooper Drive Lexington, KY 40506**

Please complete information requested:

Name: _____

Title: _____

Department: _____

Campus: _____

Street Address: _____

Room & Building: _____

City, State, Zip: _____

Toll Free #: (____) _____ Include Cell Phone #: Yes No

Office Phone: (____) _____

Office Fax: (____) _____ If yes, provide: _____

Email: _____

Web address: bluegrass.kctcs.edu / _____
* Web extension optional

Quantity: 250 (\$5.90) 500 (\$11.80) 750 (\$17.70) 1000 (\$23.60)
*Price does not include shipping.

Approval Signature: VP/Division Assistant Dean
