



Business Card Order Form

1) Sample Card

No Change from Previous Order:
Attach Business Card Here

New Order:
Complete Section 2 Below

2) Select Style of Card:

☐ Site Cards – Quantity 1000/Order

Site Name 4000 Luxottica Place Mason, OH 45040 - USA Tel. 513 765 4000 Fax. 513 123 4567 Mob. 513 123 4567 NameLastname@luxotticaretail.com	DATE: _____ TIME: _____ WITH DR.: _____ YOUR NEXT APPOINTMENT If you are unable to keep your appointment, please contact us.
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☐ Title Cards with Appointment Reminder – Quantity 500/Order

Site Name NAME LAST NAME Job Title 4000 Luxottica Place Mason, OH 45040 - USA Tel. 513 765 4000 Fax. 513 123 4567 Mob. 513 123 4567 NameLastname@luxotticaretail.com	DATE: _____ TIME: _____ WITH DR.: _____ YOUR NEXT APPOINTMENT If you are unable to keep your appointment, please contact us.
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☐ Title Cards with Blank Back – Quantity 500/Order

Site Name NAME LAST NAME Job Title 4000 Luxottica Place Mason, OH 45040 - USA Tel. 513 765 4000 Fax. 513 123 4567 Mob. 513 123 4567 NameLastname@luxotticaretail.com	BLANK
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☐ Optometrist Cards with Appointment – Quantity 500/Order

Site Name NAME LAST NAME Job Title 4000 Luxottica Place Mason, OH 45040 - USA Tel. 513 765 4000 Fax. 513 123 4567 Mob. 513 123 4567 NameLastname@luxotticaretail.com	DATE: _____ TIME: _____ WITH DR.: _____ YOUR NEXT APPOINTMENT If you are unable to keep your appointment, please contact us.
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Order Date: _____

Site #: _____

Contact Name: _____

Contact Phone #: _____

3) Imprint Info:

Site Name: _____

Name (If Applicable): _____

Title (If Applicable): _____

Address: _____

Phone: _____

Fax: _____

Cell: _____

Email: _____

Website: _____

4) Billing Info:

Site/Field job center to be charged

(Site #, Department #, Region #, Etc.)

5) Shipping Info:

If different from address on card

6) Ordering Details:

These are TeamVision standard business cards. No variations or exceptions of any kind.

Email completed forms to mjones@tribci.com