

Uniformed Services

University

Business Card Order Form Please Type or Print The Lighthouse For The Blind, Inc. PO Box 14959, Seattle WA 98114-0959 Phone: (206) 436-2191 or (800) 799-0402 Fax: (206) 322-4419 order@seattlelh.org www.LighthouseStore.org

Contact Name:	Email:			Date:
Phone:	Fax:			
Shipping Address:				
City:		State:	Zip	

VISA or MasterCard Information

on		ORDEF	ORDER TOTALS					
	Exp. Date	ITEM #	STYLE	BOX QTY.	# OF BOXES	UNIT PRICE	SUB TOTA	
		BCXXXX	80# stock 3Color Thermo	250		\$19.09		
		_				TOTAL:		

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Visa MC #

Name

Print Cardholder

Signature of Cardholder

Business Cards have 30% PCW which meets Federal Procurement Guidelines.

Type or Print Clearly all information AS IT SHOULD APPEAR ON CARD

1. School / Center:	Certified as a necessary expense.			
2. Name:	Chair or Department Head			
2	Print Name:			
3. Title:	Signature:			
4. Department:				
5. Address:				
6. Address :				
7. City: ST: Zip:	UNIFORMED SERVICES UNIVERSITY of the Health Sciences			
8. Phone:	¹ Graduate School of Nursing			
9. Cell DSN: (choose one)	² Janet A. McMillan, R.N. ³ Director			
10. Fax:	4 Nurse Practioner Program 8 Tel: 301-295-1234 5 Room A4023 9 Cell: 301-295-1234 6 4301 Jones Bridge Road 10 Fax: 301-295-1234			
11. Email:	6 4301 Jones Bridge Road 10 Fax: 301-295-1234 7 Bethesda, MD, 20814-5119 11 Email: jmcmillan@usuhs.mil			

Logo and Heading are Pre-printed. All other text is BLACK. *Numbers do not print*

Note: Please preview order forms before submission. Correction requests will be at full cost to the customer if due to unclear orders or errors made on order form. We will honor all replacement requests due to errors on our part if notified within 30 days of shipment. All email addresses are set using lower case. URL's set to home page only. Cancelled orders are subject to charge.