

AMERIPRINT
3631 Southwest Archer Road
Gainesville, Florida 32608-2412
Tel. (352) 378-0400
Fax (352) 374-4492
mail@ameriprint.net

TO PLACE A NEW ORDER OR REORDER WITH US . . .

1

**We prefer that you fax or email your order to us.
Please do so by sending us the following information:**

ORDER INFORMATION

College and/or Department Name: _____

Contact Name: _____ Phone: _____, ext.: _____ Fax: _____

E-mail Address: _____

Delivery Address (Physical Location): _____ Deliver We will pick up

BILLING INFORMATION

Billing Address (Mailing Address): _____

Purchase Order #: _____ Personal Billing: Check Cash Credit Card

Purchasing Card #: _____ Card Name: _____ Exp. Date: _____

BUSINESS CARD ORDER

New Order Reorder—No Changes Reorder—Changes Noted On Following Page

Previous Job # _____ Order Quantity: 500 1000 Other: _____ Noted on each set-up

Ink Color: 2 color only

LETTERHEAD ORDER

New Order Reorder—No Changes Reorder—Changes Noted On Following Page

Previous Job # _____ Order Quantity: 500 1000 Other: _____ Noted on each set-up

Ink Color: 2 color only Paper Type: Quality (Royal) Economy (First Choice)

Blank matching second sheets — Quantity: 500 1000 Other: _____

#10 ENVELOPE ORDER

New Order Reorder—No Changes Reorder—Changes Noted On Following Page

Previous Job # _____ Order Quantity: 500 1000 Other: _____ Noted on each set-up

Ink Color: 2 color Paper Type: Quality (Royal) Economy (First Choice)

Econo (Standard Wove)

OTHER ENVELOPE

Envelope Type: #10 Window #9 Regular Other: _____

Ink Color: 2 color Blue

OTHER ORDER

Description: _____
 New Order Reorder—No Changes Reorder—Changes Noted On Following Page

Previous Job # _____ Order Quantity: 500 1000 Other: _____ Noted on each set-up

Ink Color: 2 color Blue Paper Type: _____

Size: _____ Other: _____

TURNAROUND TIME

good (4-7 days) better (3-5 days) best (\$10-\$20 rush may be added to meet your deadline)

deadline _____ DAY _____ DATE _____ TIME



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2

**We prefer that you fax your order to us.
Please do so by sending us the following information:**

ORDER INFORMATION

College and/or Department Name: _____

Contact Name: _____ Phone: _____, ext.: _____ Fax: _____

E-mail Address: _____

Delivery Address (Physical Location): _____ Deliver We will pick up

BILLING INFORMATION

Billing Address (Mailing Address): _____

Purchase Order #: _____ Personal Billing: Check Cash Credit Card

Purchasing Card #: _____ Card Name: _____ Exp. Date: _____

MEMO/NOTE PAD

ORDER

New Order Reorder—No Changes Reorder—Changes Noted On Following Page

Previous Job # _____ Order Quantity: 500 (10 pads of 50 sheets) 1000 (20 pads of 50 sheets)

Other: _____ Noted on each set-up

Ink Color: 2 color Blue Paper Type: Quality (Royal) Economy (20# Bond)

Size: 4 1/4 x 5 1/2 8 1/2 x 5 1/2 Other: _____

LABEL ORDER

New Order Reorder—No Changes Reorder—Changes Noted On Following Page

Previous Job # _____ Order Quantity: 500 1000 Other: _____ Noted on each set-up

Ink Color: 2 color Blue Paper Type: Offset (Non-gloss) Gloss (Coated)

Size: 4 1/4 x 5 1/2 Other: _____

FYI HANGER CARD

ORDER

New Order Reorder—No Changes Reorder—Changes Noted On Following Page

Previous Job # _____ Order Quantity: 500 1000 Other: _____ Noted on each set-up

Ink Color: 2 color Blue Paper Type: 80# Cover (card stock) Quality (Royal)

Size: 3 1/2 x 4 Other: _____ Other: _____



TURNAROUND TIME

good (4-7 days) better (3-5 days) best (\$10-\$20 rush may be added to meet your deadline)

deadline _____ DAY _____ DATE _____ TIME _____

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UF	UNIVERSITY of FLORIDA
	Employee's Name
	Title
	Department
	College
	Office Location
	PO Box XXXXX
	Gainesville, FL 326XXXXX
	xxx-xxx-xxxx Tel
	xxx-xxx-xxxx Cell
	xxx-xxx-xxxx Fax
	xxxxxxxx@ufl.edu
	Website

The example above is a 150% enlargement of the 3.5 x 2 inch business card set-up that follows guidelines of the University of Florida Resource Manual.

1. Employee's name _____
2. Employee's title _____
3. Employee's office or department name . . . _____
4. College of school under
which office or department falls. _____
5. Employee's office location, if wanted . . . _____
6. Post office box number _____
7. City, state and zip+four. _____
8. Telephone number () _____
9. Fax number () _____
10. Other telephone number if wanted. () _____
11. E-mail address _____
12. Web site address if wanted _____



PLEASE NOTE: As a contract printer for the University of Florida, we are obligated to conform to the identity and graphic standards established by the University of Florida as published in the University of Florida Identity Manual. Any variation to those standards must be approved by the Director of Marketing.