



CITY OF EAGLE

SUBMIT

DATE	FY
CUSTOMER P.O. NUMBER	

IDOC BUSINESS CARD FORM

BILL TO		SHIP TO	
AGENCY NAME	CUSTOMER NUMBER	AGENCY NAME	CUSTOMER NUMBER
ADDRESS	COUNTY	ADDRESS	COUNTY
CITY, STATE, ZIP		CITY, STATE, ZIP	
CONTACT NAME	TELEPHONE NUMBER	EMAIL ADDRESS	

JOB SPECIFICATIONS

BUSINESS CARD TYPE <input type="checkbox"/> 1 Side <input type="checkbox"/> 2 Sides	COLOR <input type="checkbox"/> Black & White <input type="checkbox"/> Color	BLEED <input type="checkbox"/> Yes <input type="checkbox"/> No	QUANTITY <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> Other _____
MISSOURI STATE SEAL <input type="checkbox"/> YES <input type="checkbox"/> NO	INCLUDED AN ARTWORK SAMPLE <input type="checkbox"/> YES <input type="checkbox"/> NO	REQUESTING GRAPHIC DESIGN SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO	

PROJECT DESCRIPTION

Business card pricing. 250 Two sided with bleed \$25.00 500 Two sided with bleed \$35.00
 Additional Typesetting \$75 per hour Specialty inks additional \$25
 Round cones additional \$15

PROOF NEEDED BEFORE PRINTING
 PDF Proof Hard Copy Proof No Proof Needed* *If no proof is needed, then ICI is released from any printing errors, including, but not limited to: misspellings, color inconsistencies, font issues, etc.

Please complete this form and send it to: SALES@CI.IDAHO.GOV

CITY OF EAGLE



FIRST LAST

Title

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Fax: (208) 939-6827
Email: bjohnson@cityofeagle.org

CITY OF EAGLE



PRT07860BC.6
CITY OF EAGLE BC - SS 4/0

SMALL BOX
PRT07860BC.6-SM
CITY OF EAGLE BC - SS 4/0-SMBX