Braille Business Card Order Form

Simply print, complete the information and mail this form with your pre-printed business cards for braille embossing

Purchaser _____ Company _____

Phone _____ Email _____

Information to be brailled:

(A MAXIMUM OF 4 LINES WITH A MAXIMUM OF 13 CHARACTER EACH LINE APPLIES)

Company name | | | | | | | | | | | | | |

Cardholder name | | | | | | | | | | | | | |

Other | | | | | | | | | | | | | |

Phone number | | | | | | | | | | | | | |

PRICING: (Shipping Charges Extra)

☐ **Pre- Printed - Full Sheet (8 ½ x 11 uncut)** Provided 3x4 (12 up with no gutter)

500 Cards **$39.95**

1000 Cards **$54.95**

OR ☐ **Pre- Printed & Pre-Cut**

500 Cards **$59.95**

Add'l 500 Cards **$49.95**

PLEASE INDICATE:

Where you would like to have the information embossed: ☐ **Front** ☐ **Back**

If your preference is not indicated embossing will default to the back of the card.

For bilingual cards, where you would like the information embossed ☐ **English side** ☐ **French side**

How you will be providing the pre-printed cards ☐ **Full Sheet** (uncut) ☐ **Pre-cut**

We recommend you send us this order form and your business cards via courier. Braille embossed business cards will be returned to you within 2 weeks. Our standard method of delivery is courier, unless you specify otherwise.

PAYMENT METHOD:

☐ **Invoice** ☐ **Cheque**

☐ VISA ☐ MasterCard ☐ AMERICAN EXPRESS

☐ HST/GST Exempt No. _____

We require credit card information for new customers

Cardholder Name _____

Credit Card # _____

Expiry Date _____

SHIPPING ADDRESS:

Attention: _____

Address: _____

City _____ Prov _____

Postal Code _____

(if different from shipping address)

INVOICE TO:

_____

_____

_____

MAIL THIS ORDER FORM WITH YOUR BUSINESS CARDS TO:
19 Main Street, Ottawa, ON K1S 1A9

TBC
T-BASE COMMUNICATIONS
Solution Experts
www.tbase.com