



The University of Georgia

**School of Law
Business Card Order Form**

College or School

Department

Name

Graduation Date/Class

Year

Address 1

Address 2

City

State

Zip

Phone #

Fax #

Cell #

Email Address

Web Address

Quantity of Cards

500

1,000

2,000

Payment Information

Name

PCard Number

Exp. Date

CVV Code

PCard Billing Address

City

State

Zip

Shipping/Delivery Address (If differnt from business card)

Name

Address 1

Address 2

City

State

Zip

Email form to melissa@georgiaprinters.com, or fax to 706-743-5118

For questions, call Melissa @ 706-743-8155