

OFFICIAL CDCR BUSINESS CARD ORDER FORM



1A, 1 Color (Black), Coated Stock



2A, 4 Color, Coated Stock

Select quantity:

Phone: _

 Box of 500 (\$45)
 Box of 250 (\$35)
 Box of 100 (\$30)

 Item #: 145200.0500
 Item #: 145200.0250
 Item #: 145200.0100

Please fill in your business card information. Carefully check your information for accuracy. A proof will be sent via email for verification. **CALPIA will not print without approval.**By signing, I have verified that the business card information below is correct.

Signature:	

	3			
For questions co	ntact:			
Print.Services@	calpia.ca.gov		Use	one form per name
Submit this com	pleted form along with a	Name:		
completed STD. 65 to: customerservice@calpia.ca.gov		Title:		
		Dept. / Inst.		
State of Calif Department of C	fornia Corrections and Rehabilitation			
ONDECTIONS AND DESCRIPTION OF CAMPOON A	Name	Address:		
	TITLE Institution / Department Street Address City, State Zip Code	City:		_
	T: XXX.XXX.XXXX, Ext. XXXX C: XXX.XXX.XXXX F: XXX.XXXX.XXXXX	State:	California	Zip Code:
	E: xxxx.xxxxxxx@cdcr.ca.gov	Phone:		Ext.:
Procurement Office Use Only:		Fax:		
Contact:		Cell:		

E-Mail: