



Work Order Form

EFX Marketing & Media Design
P.O. Box 435
Waterford, NJ 08089-0547

Toll Free: (888) 602-5959
Fax: (888) 825-0849
Email: info@efxmarketing.com
Website: www.efxmarketing.com

CONTACT

Company Name: _____ Date: _____
Contact Name: _____ Email: _____
Phone: (____) _____ Website: _____
Fax: (____) _____ Other: _____
Address: _____
City: _____ State: _____ Zip Code: _____
How did you hear about EFX Marketing? _____

PRODUCT

Product Order Information - Select the product and quantity you want to order:

<input type="checkbox"/> Color Business Cards	<input type="checkbox"/> 1,000	<input type="checkbox"/> Glossy Finish	<input type="checkbox"/> First Time Order
<input type="checkbox"/> Color 4" x 6" Postcards	<input type="checkbox"/> 2,500	<input type="checkbox"/> Matte Finish	<input type="checkbox"/> Exact Reprint Order
<input type="checkbox"/> Color 5.5" x 8.5" Postcards	<input type="checkbox"/> 5,000	<input type="checkbox"/> Glossy Front	<input type="checkbox"/> Re-Order with Changes
<input type="checkbox"/> 4" x 9" Rack Cards	<input type="checkbox"/> 10,000	No Finish on Back	
<input type="checkbox"/> Rip Cards	<input type="checkbox"/> Other: _____	for writing on	<input type="checkbox"/> Please email me EFX Special Discount Offers
<input type="checkbox"/> 8.5" x 11" Sell Sheet	<input type="checkbox"/> One Side	<input type="checkbox"/> Both Sides	

FRONT SIDE

Front Card Image # _____ Clearly PRINT all the information to be placed on the front side of the card:

Note: It is very important that you double check all your spelling and contact numbers.

BACK SIDE

Back of Card - Clearly PRINT all the information to be placed on the back of the card:

DESIGN

Design Notes: Our professional designers will layout the best design that suits your needs.
It is our #1 goal to provide you with the best looking and most effective marketing materials possible. If you would like to see something a certain way, just describe it below and we'll make your cards just the way you want them!

FONT STYLE

Please choose one font type:

- | | |
|---|--|
| <input type="checkbox"/> Company Name (arial) | <input type="checkbox"/> Company Name (times) |
| <input type="checkbox"/> Company Name (script) | <input type="checkbox"/> Company Name (tiffany) |
| <input type="checkbox"/> Company Name (script2) | <input type="checkbox"/> Company Name (data) |
| <input type="checkbox"/> Company Name (corporate) | <input type="checkbox"/> Company Name (fun) |
| <input type="checkbox"/> Company Name (park avenue) | <input type="checkbox"/> Company Name (strong) |

CHARGES

Quantity	Product Description	Cost of Goods:
Shipping:		
NJ 6% Sales Tax:		
Total Cost:		

JOB AUTHORIZATION

Please sign and fax back to: EFX Marketing. (888) 825-0849

I give my authorization for EFX Marketing. to complete this job:

Sign Here: _____

Print Name: _____ Date: _____

By signing here you are agreeing to all EFX Marketing terms and conditions.

You may review our terms and conditions which are included with this form or visit www.efxmarketing.com/terms.html

If you would like to place an order over the phone please call us M-F, 9 am-5 pm

PAYMENT AUTHORIZATION

PAYMENT INFORMATION – Payment in Full is Required Before any Printing Services will be rendered.

VISA MasterCard AMEX Discover PayPal Check/Money Order

Credit Card #: _____ Exp. Date: _____ 3 or 4 Pin #: _____

Total to Be Charged To Credit Card: \$ _____

I, the undersigned, hereby authorize EFX Marketing/Elite Printer. to charge the above listed credit card account the amount indicated on this order I approve by signing this faxed receipt, or my signature (or any company representative's signature) at the time of receipt, and that I will in good faith, make good on the above charges. I, the undersigned, do hereby personally guarantee payment in the event of non-payment without just cause by the above named company. I also understand that if I refuse an order already shipped that I am responsible for all freight charges related to the order. All transactions between buyer and seller shall be governed by the laws of the State of New Jersey, and buyer consents to the jurisdiction of the New Jersey Courts, County of Camden. All legal fees associated with the collection of this debt become the responsibility of the buyer.

Signature as it Appears on Card: _____

Name on Credit Card (please Print): _____

Credit Card Billing Address - *if different from page 1:* _____

City: _____ State: _____ Zip Code: _____