

NOTE!! THIS FORM WILL PRINT OUT CORRECTLY IF YOU USE YOUR BROWSER'S TOP BAR FOR PRINTING, NOT THE PDF PRINT ICON.

# NOAA BUSINESS CARD ORDER FORM

INSTRUCTIONS: ALL REQUESTS MUST BE TYPED. Complete information that should appear on the business card. Be sure that all information is typographically and grammatically correct. The Logistics Management Branch (SOU57112) does not make corrections. Requests that are handwritten or do not have an accounting code and/or approval signature, will be returned to the requestor. THE TOTAL ESTIMATED COST SHOULD BE LESS THAN \$25.00 FOR EACH CARD ORDERED.

## CARD A




JOHN B. DOE  
NOAA Project Director

U.S. Department of Commerce  
National Oceanic & Atmospheric Administration  
1305 East West Highway (OFA53)  
Silver Spring, Maryland 20910

OFF: (301) 713-3540  
FAX: (301) 713-2303  
E-mail: John.B.Doe@noaa.gov

## CARD B




JOHN B. DOE  
Director  
Project Records Division

Projects and Facilities Services Office  
Station 3103 (OFA53)  
1305 East West Highway  
Silver Spring, Maryland 20910

(301) 713-3540  
FAX: (301) 713-2303  
E-mail: John.B.Doe@noaa.gov

**PLEASE INDICATE YOUR CHOICE:**      STYLE (Choose One)     Card A    QUANTITY (Choose One)     250 cards  
 Card B     500 cards

### PLEASE TYPE

1. \_\_\_\_\_ (nte 33 spaces)

2. \_\_\_\_\_ (nte 70 spaces)

3. \_\_\_\_\_ (nte 70 spaces)

4. \_\_\_\_\_ (nte 45 spaces)

5. \_\_\_\_\_ (nte 45 spaces)

6. \_\_\_\_\_ (nte 40 spaces)

7. \_\_\_\_\_ (nte 40 spaces)

8. \_\_\_\_\_ (nte 40 spaces)

9. Tel: ( ) \_\_\_\_\_ X \_\_\_\_\_ (nte 22 spaces)

Fax: ( ) \_\_\_\_\_ (nte 22 spaces)

( ) \_\_\_\_\_ (nte 22 spaces)

E-Mail/Internet: \_\_\_\_\_ (nte 30 spaces)

**FIELDS TO COMPLETE:**    1.-3. Name, Title and/or Organization or Division    4.-7. Department Components/Room No./Routing Code/Street Address  
8. City, State and Zip Code    9. Telephone and electronic contact information

### ACCOUNTING & APPROVAL OFFICIAL

Appropriation Code: \_\_\_\_\_

Approving Official's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**SEND/FAX COMPLETED FORM TO:**  
**1315 East West Highway (SSMC3)**  
**Suite 3866 (SOU57112)**  
**Silver Spring, Maryland 20910**  
**Telephone: (301) 713-2220**  
**Fax: (301) 713-2303**

### SHIPPING LABEL

### PLEASE TYPE

DOC/NOAA/Office of Finance and Administration  
Logistics Management Branch  
1315 East West Highway (SSMC3)  
Suite 3866 (SOU57112)  
Silver Spring, Maryland 20910

Ship To:

Name: \_\_\_\_\_

Address: U.S. Department of Commerce, NOAA  
\_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_