



Work Order Form

EFX Marketing & Media Design
631 Flotilla Ln
North Palm Beach, FL 33408

Phone: 561-531-3660
Fax: 888-550-8232
Email: michael@efxmarketing.com
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 6" 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
<input type="checkbox"/> 8.5" x 11" Sell Sheet	<input type="checkbox"/> One Side	<input type="checkbox"/> Both Sides	Special Discount Offers

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:
		Sales Tax:
		Total Cost:

JOB AUTHORIZATION

Please sign and fax back to: EFX Marketing 888-850-8232

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 **Florida**, and buyer consents to the jurisdiction of the **Florida** Courts, County of Palm Beach 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: _____

After you have completed this form - please fax it to EFX Marketing: **888-850-8232**

If you are mailing in your payment, please mail to: Michael Ellwanger - 631 Flotilla Ln., North Palm Beach, FL 33408