



CARD SUPPLY REORDER

Fax to 770.242.6899

Company Name _____

Number of new cards _____

Choose one:

Regular shipping (Via 2-day express)

Expedite (\$12.00 shipping fee per box)

Ship to (street address only)

Phone number: _____

Payroll/HR signature

Date ordered

Directo use only:

Card kits shipped via Overnight Other

By: _____