

# FREDONIA

## SUNY FREDONIA PROCUREMENT CARD ORDER FORM FOR LETTERHEAD

Cardholder: _____	Department: _____
Phone Number: _____	Requestor: _____
Card Number: _____	Expiration Date: _____
Authorized Signature: _____	Date: _____

**Note to Vendor:**  
**PLEASE CLEARLY MARK VISA ON THE OUTSIDE OF THE PACKAGE.**

### ITEMS ORDERED:

Qty	Description	Unit Price	EXT
			0.00
			0.00
Enter Department Name, Address, Telephone and Fax Number Below. A proof will be emailed to you before printing.			
Enter email address you wish to have the proof emailed to:			

University Tax Exempt #: 14740026K

Sub Total: 0.00

Shipping: \_\_\_\_\_

Total: 0.00

**NOTE: Cardholders, retain a copy for your files.**

**CONTACT INFORMATION: Please send completed form to PRINT PLUS FAX NO. 716-855-0759**

**Attention: Annette Fitch**