



Fast Release Card Program Order Form

Attn: _____, CMS Customer Service Rep

Company: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address: _____

Shipping Address: _____

Quantity: _____ Style GGC#: _____ Font (black): _____

Disclaimer (Circle one): 01 or 02

Generic Card Carrier Color (Circle one):

Red Yellow White Black Blue

Name of Business (as it would appear on front of card):

Up to Four Lines of Text (as it would appear on front of card (i.e. address, website, phone number):

Name of Your POS System & Reseller: _____

Please Print Clearly • Call, Fax or Email us to place your order
800.757.1492 • Fax: 615.771.9311 • info@enbp.com