



Corporate Business Card Printing Order Form

PLEASE FAX YOUR COMPLETED ORDER TO 303-294-0215

<p style="text-align: right; font-size: small;">www.xcelenergy.co</p> <p>Employee Name Title(s) Address City, State & Zip Code Phone: 000.000.0000 Fax: 000.000.0000 employee@email.com</p> <p style="font-size: x-small;">Cell: 000.000.0000 Pager: 000.000.0000 Other: 000.000.0000</p>	<p style="font-size: x-small;">RESPONSIBLE BY NATURE™</p> <p>Employee Name Title Street Address City, State Zip PHONE: 888-888-8888 CELL: 888-888-8888 FAX: 888-888-8888 EMAIL: xcel.email@xcelenergy.com</p> <p>WWW.XCELENERGY.COM <i>Xcel Energy is the #1 wind energy provider</i></p>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Electric Emergency/Lights Out</td> <td style="border: none; text-align: right;">1.800.895.1999</td> </tr> <tr> <td style="border: none;">Gas Emergency/Gas Odor</td> <td style="border: none; text-align: right;">1.800.895.2999</td> </tr> <tr> <td style="border: none;">24-hour Customer Service</td> <td style="border: none; text-align: right;">1.800.895.4999</td> </tr> <tr> <td style="border: none;">Business Solutions Center</td> <td style="border: none; text-align: right;">1.800.481.4700</td> </tr> <tr> <td style="border: none;">Builders' Call Line</td> <td style="border: none; text-align: right;">1.800.628.2121</td> </tr> </table>	Electric Emergency/Lights Out	1.800.895.1999	Gas Emergency/Gas Odor	1.800.895.2999	24-hour Customer Service	1.800.895.4999	Business Solutions Center	1.800.481.4700	Builders' Call Line	1.800.628.2121
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Card Style A _____

Card Style B _____

Optional Back _____

**Please write clearly or type in the information you would like to appear on your business card.
No proof will be provided. Please double check your information.**

1. Employee Name	6. Fax
2. Title(s)	7. Email
3. Location/Address	8. Cell
4. City, State, and ZIP	9. Pager
5. Phone	10. Other Phone
Please Check Quantity Desired <input type="checkbox"/> 500 <input type="checkbox"/> 1,000 <input type="checkbox"/> _____ <i>Minimum Quantity is 500</i>	Special Instructions

TO ENSURE YOU RECEIVE YOUR ORDER PLEASE COMPLETE THE SECTION BELOW

Name:	Address:
Contact Phone #: Fax #:	Order Date:

Credit Card #

Exp. Date

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**PLEASE FAX YOUR COMPLETED ORDER TO 303-294-0215 WITH RETURN
FAX NUMBER FOR BILLING RECEIPT.**

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Pin Code