



MARYLAND CORRECTIONAL ENTERPRISES

CREDIT CARD ORDER FORM

Customer #: \_\_\_\_\_

CO #: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Agency Name: \_\_\_\_\_

Receipt Address: \_\_\_\_\_

\_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Credit Card Spending Limit: \$ \_\_\_\_\_ Credit Card Type (circle one): VISA or MASTER CARD

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [ - \_\_\_\_\_ ] 3 digit # \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_/\_\_\_  
(on back of card)

Customer Reference Number (optional): \_\_\_\_\_

Model #: \_\_\_\_\_ Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Sub Total: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Model #: \_\_\_\_\_ Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Sub Total: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Model #: \_\_\_\_\_ Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Sub Total: \$ \_\_\_\_\_

Description: \_\_\_\_\_

Model #: \_\_\_\_\_ Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Sub Total: \$ \_\_\_\_\_

Description: \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Email to:  
dlmcecustomerservice\_dpscs@maryland.gov

Order taken by: \_\_\_\_\_

cc: a/r \_\_\_\_\_