



MARYLAND CORRECTIONAL ENTERPRISES

CREDIT CARD ORDER FORM

Customer #: _____

CO #: _____

Date: ___/___/___

Agency Name: _____

Card Holder Name: _____

Billing Address: _____

Billing Email: _____

Billing Phone: _____

Credit Card Spending Limit: \$_____ Credit Card Type (check one): VISA or MASTER CARD

Credit Card #: Last 4 digits [_____] Expiration Date _____

Shipping Contact Name: _____

Shipping Address: _____

Phone: _____ - _____ - _____ X _____

Additional Shipping Information: _____

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: _____

By checking the box below and submitting this form, I confirm my agency/organization has approved this purchase. Payment will be made to MCE within 30 days of receipt of invoice.

TOTAL: \$_____ and credit card

Order taken by: _____

cc: a/r _____