



MARYLAND CORRECTIONAL ENTERPRISES

CREDIT CARD ORDER FORM

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

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Email 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 #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ [ \_\_\_\_\_ - \_\_\_\_\_ ] Exp. Date: \_\_\_/\_\_\_

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\_dpacs@maryland.gov

**Connect With Us**  
www.mce.md.gov / 410-540-5454

**Order taken by:** \_\_\_\_\_  
**cc: a/r** \_\_\_\_\_