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 ☐ MASTER CARD ☐**
Credit Card #: Last 4 digits [____ ___ ___ ____] Exp. Date: _____

Shipping Contact Name: _____
Shipping Address: _____
_____Phone: __ __ __-__ __ __-__ __ __ __ X _____
Additional Shipping Information: _____
_____

Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
_____
_____
_____

Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
_____
_____
_____

Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
_____
_____
_____

Subtotal pg. 1: $ _____

☐ 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_____

Upload To: FY27 MCE PO Submission Form

Last Edited 7/1/26

(Con't. page 2)

Customer #: _____ CO# _____

Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
_____
_____
_____

Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
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Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
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Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
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Model #: _____
Qty: _____ Unit Price: $_____ Subtotal: $_____
Description: _____
_____
_____
_____

Subtotal pg. 2: $ _____
TOTAL: $ _____and credit card

☐ **By checking this box 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.**

Order taken by: _____
cc: a/r_____

Upload To: FY27 MCE PO Submission Form