



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 [\_\_\_\_\_] 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: \_\_\_\_\_

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.

Subtotal pg. 1: \$ \_\_\_\_\_
TOTAL: \$ \_\_\_\_\_ and credit card

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

Upload To: FY26 MCE PO Submission Form

(Con't. page 2)

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

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

**Model #:** \_\_\_\_\_

Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Subtotal: \$ \_\_\_\_\_

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

**Model #:** \_\_\_\_\_

Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Subtotal: \$ \_\_\_\_\_

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

**Model #:** \_\_\_\_\_

Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Subtotal: \$ \_\_\_\_\_

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

**Model #:** \_\_\_\_\_

Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Subtotal: \$ \_\_\_\_\_

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

**Model #:** \_\_\_\_\_

Qty: \_\_\_\_\_ Unit Price: \$ \_\_\_\_\_ Subtotal: \$ \_\_\_\_\_

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.**

**Upload To: FY26 MCE PO Submission Form**

**Subtotal pg. 2: \$ \_\_\_\_\_**

**TOTAL: \$ \_\_\_\_\_ and credit card**

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

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