



UNIVERSITY OF MARYLAND, BALTIMORE

CHECK AUTHORIZATION FORM

Please complete the form below.

Incomplete forms will not be processed.

Please return this form to the Software Licensing Office by faxing to (410) 706-0545 or by mailing to

University of Maryland
Software Licensing Office
601 W. Lombard Street
Suite 540
Baltimore, MD 21201

Name: \_\_\_\_\_ One Card ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Software Requested: \_\_\_\_\_

Table with 2 columns: Description, Amount. Rows: Cost of Software (\$), Shipping & Handling (+\$5.00), Total Amount Authorized (\$)

Billing Address form with three rows for address details

Shipping Address form with three rows for address details

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions, please call the Software Licensing Office at (410) 706-8166

601 West Lombard Street ♦ Baltimore, Maryland 21201-1512 ♦ 410- 706- 8166