



UNIVERSITY OF MARYLAND, BALTIMORE

CREDIT CARD CHARGE 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

Name: _____ One Card ID #: _____

Phone #: _____ Email Address: _____

Software Requested: [] Microsoft _____ [] PC [] Mac
[] Symantec Anti-Virus [] PC [] Mac

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

Credit Card #: _____

(If you wish, you may leave this blank and give your credit card number over the phone. A staff member will contact you upon receipt of this fax. Please remember to write your phone number above.)

Type: [] Mastercard [] Visa [] Discover [] American Express

Expiration Date: (month / yr) _____ / _____

Billing Address form with three rows

Shipping Address form with three rows

I authorize the University of Maryland, Software Licensing Office to debit my credit card for this software purchase.

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