

eINFORMATION AUTHORIZATION ORDER FORM

CONTACT INFORMATION

ENGLISH
0909

COMPANY NAME: _____
 NAME: _____
 ADDRESS: _____
 CITY: _____ STATE / PROVINCE: _____ POSTAL CODE: _____
 EMAIL ADDRESS: _____
 TELEPHONE #: _____ INCLUDE AREA CODE (COUNTRY CODE)
 COUNTRY: _____ SPECIAL NOTE: _____

PAYMENT INFORMATION (CREDIT CARD)

CREDIT CARD NUMBER: _____ EXPIRATION: _____
 CIRCLE ONE: (MASTERCARD) (VISA) (DISCOVER) THREE DIGIT CODE #
 (BACK OF CARD): _____
 SIGNATURE: _____

PAYMENT INFORMATION (CHECKING ACCOUNT)

BANK NAME: _____ ROUTING / ABA #: _____
 CHECK #: _____ ACCOUNT #: _____
 SIGNATURE: _____

FAX OR EMAIL COMPLETED FORM FOR PROCESSING

FAX ORDER FORM TO: (646) 219-2818

EMAIL ORDER FORM TO: SALES@MDANSBY.COM

PRODUCT NAME	PRICE	QTY	TOTAL PRICE
eINFORMATION ACCOUNT SETUP	\$100		
<p>I hereby authorize Mdansby.com LLC to use the credit card or bank account listed above to process the initial account setup and any eInformation Reports that I request.</p> <p>ONE TIME SETUP FEE</p>	SUB TOTAL:		
	SALES TAX (NY ONLY / 8.65%):		
	GRAND TOTAL:		