



EINFORMATION AUTHORIZATION ORDER FORM

CONTACT INFORMATION

ENGLISH

20150824

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 | | |
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| | | | |
| | | | |
| 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. ONE TIME SETUP FEE | SUB TOTAL: | | |
| | | | |
| | | | |
| | SALES TAX (NY ONLY / 8.65%): | | |
| | GRAND TOTAL: | | |