Miami Police Depot Inc.

Authorization is hereby given to charge my/our credit card as follows:

CREDIT CARD INFORMATION

(Designate one please)

- (•) American Express
- ( ) Discover
- ( ) Mastercard
- ( ) Visa

CARD #: _____
No. Tarjeta
EXPIRATION DATE: _____
Dia de Expiracion
CARD HOLDER NAME: _____
Nombre en la Tarjeta
BILLING ADDRESS _____
(As it appears on CC)
Direccion que aparece _____
en la Tarjeta

*****NOTE: All credit card sales are final.***

SIGNATURE: _____
Firma
TITLE: _____
Titulo
COMPANY: _____
Compañia

PLEASE APPLY PAYMENT AS FOLLOWS

INVOICE NUMBER Numero de Factura	**AMOUNT** Cantidad