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Please fill out and sign this form authorizing Federal Specialties, Inc. to charge the stated amount to your credit card(s).

Date _____

I authorize Federal Specialties, Inc. to charge my credit card:

Card Type: VISA _____ MATER CARD _____ AMEX _____

Card Number _____

Name on the Card _____

Expiration Date MM/YR _____

Total Amount to be charged _____

Authorized Signature _____

Print Name (exactly as on the Card) _____

Title _____

Company Name _____

Bill Address Same as Card _____

Thank you,
Federal Specialties, Inc.