

RETAIL CARD REQUEST FORM

Off Campus (PrePaid)

Originator _____

Address _____

Phone _____ Business Contact _____

Check Credit Card Date ____ / ____ / ____

Card Request Information

Meal Date(s) Beginning _____ Ending _____

Type of Card (Please Circle)

Dining on
Campus



Terrapin
Express



Dollar Amount on Each Card \$ _____

Number of Cards Requested # _____

Total Charge \$ _____

Special Notes

Number of Cards Received # _____ Received By _____ Date ____ / ____ / ____

Additional Cards Received # _____ Received By _____ Date ____ / ____ / ____

Number of Returned Cards # _____ Received From _____ Date ____ / ____ / ____

DIRECT ALL INQUIRIES TO:

Winston Cole

301-314-8068

e-mail wjcole@umd.edu

MAKE ALL CHECKS PAYABLE TO:

University of Maryland

Mail to:

University of Maryland

7093 Preinkert Drive

Bldg 26 South Campus

College Park, Maryland 20742