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Innovative, quality technology solutions  
throughout the United States since 1985.

## REQUEST FOR LAMINATED REGISTRY CARD

\*Please complete the following and send this form along with a money order, cashiers check or a valid credit card for \$25 made payable to D&S Diversified Technologies and mail to D&S Diversified Technologies PO Box 418 Findlay, OH 45839. If you have had a name change, you will need to submit legal documentation as to the reason for the name change with this form or the card will be issued in the name that appears on file.

**NO PERSONAL CHECKS WILL BE ACCEPTED**

Name: \_\_\_\_\_  
Last First Middle Maiden

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

Payment:

I have enclosed a \_\_\_Money Order \_\_\_Cashiers Check \_\_\_Credit Card (Only Visa or MasterCard)

\_\_\_Master Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_Visa# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing address zip code for credit card \_\_\_\_\_

**AUTHORIZED SIGNATURE** \_\_\_\_\_

(by signing this form I authorize D & S Diversified Technologies to charge my credit/debit card for the above purchase.)

.....  
Office use only:

Date Received: \_\_\_\_\_ Payment \_\_\_\_\_ Other: \_\_\_\_\_

Form 1999MA