

CARDHOLDER INFORMATION

Card Type: ☐ Purchasing ☐ Purchasing with T & E

1 APPLICANT INFORMATION

First Name _____ M.I. _____ Last Name _____ Name as it will appear on Card (21 character limit) _____
 {Legal Name} _____
 Date of Birth (MM/DD/YYYY) _____ Country of Citizenship _____ Second line to appear on Card (21 character limit) e.g. department name, etc. _____
 Employee Number _____ Password (8 character limit) _____

3 HOME ADDRESS

Street Address - P.O. Box _____ Department/Building/Room: _____
 Street Address Line 2 - if applicable _____ Mail Stop: _____
 City _____ Phone Ext: _____
 State _____ Zip Code _____ Country _____ Cardholder Email Address: _____

2 CARD INFORMATION

4 BUSINESS ADDRESS

5 CARD INFORMATION

Fund/Org/Acct/: _____ / _____ / _____
 Purchasing Limits: \$ _____ / # _____ / # _____
 Single Purchase limit / Authorizations per Day / Authorizations per Cycle
 T & E Limits: \$ _____ / # _____ / # _____
 Single Purchase limit / Authorizations per Day / Authorizations per Cycle
 \$ _____
 Cycle Purchase limit

Special Instructions: _____

6 APPROVING OFFICIAL INFORMATION

Supervisor/Approving Official: _____
 Title / Bldg / Room #: _____
 Email Address / Phone Ext: _____
 Dean/VP Name and Email: _____
 Second Reviewer (Name/Email Address): *optional* _____
 Third Reviewer (Name/Email Address): *optional* _____

By signing this form, I agree to abide by the rules governing use of the purchasing card and understand that any misuse of the card by me can result in monetary liability and/or dismissal from employment.

Verified by Applicant: _____ Date: _____

By signing this form, I authorize the above cardholder for the purchasing card limits indicated above.

Approval Signature: _____

Printed Name: _____ Date: _____

7 TRAINING

☐ I will need the Travel, Entertainment, Business Meeting (TEBM) online training.
{Please put a check mark if you desire to attend this training}