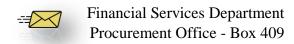


Card Application



Employee Information: Name as you wish it to appear on card				
				(25 Character Limit)
SS# (last 4 digits only)* * Necessary for card activation and call in verification ONLY				one
Email Address		D	epartment	
Anticipated purpose for account, estimated monthly transactions and estimated spending level:				
☐ High Limit Option: 1	Fixed single transacti	ion limit of \$1000 and mortion limit of \$5000 and mo	•	
Type II - Travel Card ☐ Fixed single transaction limit of \$2000 and monthly limit of \$10000				
Type III - Special Purpose C	card			
			Start d End da	
Type IV Department Card				
☐ Fixed single transact	tion of \$300 and mor	nthly limit of \$1000	Na	me:
Type V Vendor Specific Card*				
□ Name of supplier:			Single transaction lim Monthly limit:	it:
*Issuance of a General Purch authority on record with Final the default budget, in the lesse	ncial Services. Appro er of the single transo	oval of Department or Divaction limit for the Genera	vision Head below will b al Purchasing Card opti	be accepted as delegation for
Provide the GL segments to				ui (Cat
Fund	Dept	Program	Pi	rj/Grt
Name of Account Delegate, if any:				
Applicant:			Department or Division Head:	
Signature	Date	Si	ignature	Date

You will receive an email message acknowledging receipt of your application. Allow 7-10 days for delivery of card. Another email will be sent to you when your new card arrives.