



# Purchasing Card Application

## Account Information

First Name	_____	Last Name	_____
Address	_____		
City/State/Zip	_____		
Email	_____		
SSN	_____		
Work Phone	_____		
Date of Birth	_____		
First 4 letters of mother's maiden name	_____		

## Department Information

Requesting Dept.	_____	Job Position	_____
Card Approver	_____		
Dept. GL Code (6 digit)	_____		
Monthly Credit Limit	_____		
Single Purchase Limit	_____		
Primary Use: Travel, Small \$ Purchase, etc.	_____		
Special Request	_____		
Budget Officer Signature	_____		
Date	_____		
Vice President Signature	_____		
Date	_____		
VP of Finance Signature	_____		
Date	_____		

## Purchasing Use Only

MCC Group Assigned	_____		
Date Requested	_____	Date Entered	_____
Date Card Received	_____	Training Date	_____