

Purchasing Card Application

Account Information

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

Department Information

Requesting Dept. _____ 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 _____

Purchasing Use Only

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