

**PURCHASING CARD
CARDHOLDER IMPLEMENTATION FORM**

PLEASE TYPE OR PRINT CLEARLY

INFORMATION EMBOSSED ON CARD:

NAME (LAST, FIRST, MI)	(21 CHARACTERS MAX)
OPTIONAL 2	(21 CHARACTERS MAX)

CARDHOLDER INFORMATION: (MAIL STATEMENT TO)

ADDRESS LINE 1	(36 CHARACTERS MAX)		
ADDRESS LINE 2	(35 CHARACTERS MAX)		
CITY	(24 CHARACTERS MAX)	STATE	(2 CHARACTERS MAX)
COUNTRY	UNITED STATES		
ZIP	(9 CHARACTERS MAX)		
PHONE	(10 CHARACTERS MAX)		
E-MAIL			

ADDITIONAL INFORMATION FOR VERIFICATION ON PHONE INQUIRIES:

EMPLOYEE # IN LIEU OF SS #	MOTHER'S MAIDEN NAME
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EMPLOYEE SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

DEFAULT ACCOUNT CODE:

BA*	SAP FUND*	BP*	COST CENTER*	WBS ELEMENT	IO #	GENERAL LEDGER

TO BE COMPLETED BY AGENCY COORDINATOR:

Hierarchy Position: Bank: 4596 Agent: 0696 Company: 11170 Division: Department:

Reporting Level: Bank: 4596 lvl1 lvl2 lvl3 lvl4 lvl5 lvl6 lvl7

MONTHLY LIMIT	SINGLE TRANSACTION LIMIT
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COORDINATOR NAME	E-MAIL
COORDINATOR PHONE NUMBER	FAX #
AGENCY COORDINATOR SIGNATURE	DATE