Procurement Card Cardholder Account Form

□ New □ Change (Only co	emplete fields to	o be change	ed)												
□ Delete/Close Cardholder Account #															
Cardholder Information															
Cardholder Name (24 Characters)					PID # 										
Name Line 2 (24 Characters)					Date of Birth//										
Address Line 1 (35 Characters)						Mother's Maiden Name or Password									
Address Line 2 (35 Characters)						Work Phone ()									
City (23 Characters) State						Zip Code									
Accounting Code (Optional) (1-22 digits)															
	Reporting Hierarchy Levels (Required Information)														
Level 6 Name (i.e. Approving Official) Level							6 Number								
Reporting Hierarchy Level Numbers	Level 4	4 (i.e. S	Sub-	Unit)	Lev	vel 5	(i.e. F	in. C	Office	2)					
	Cardholder	Controls (Required	Unless !	Specij	fiea	<i>l</i>)								
Credit Limit (CSL) \$5,000.00 . Single Purcha						se Limit\$3,000.00									
Authorizations Per Day Transa				ons Per Cycle											
Dollars Per Day (optional) MCC Group (Merchant Category Code Group) Include or Exclude							one)								
		Cardhold	ler Appro	vals											
Prepared By: (Please Print)	_ Signatur	re:	Date												
Approved By: (Please Print) (Authori	_ Signatur	re:		Date											
Bank Use Only															
Account Number															
Unit Assigned:															
Signature Verified	Date:	:	Initials:_		Mg	t:			_						