



Purchasing Card Application

Account Information

First Name	_____	Last Name	_____
Address	_____		
City/State/Zip	_____		
Email	_____	Work Phone	_____
SSN	_____	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	_____