



PURCHASING CARD ENROLLMENT APPLICATION

HIERARCHY # _____ PAYMENTNET: User ID _____ Level _____

Department Administrator: Name (print) _____

Dept. Name _____ Campus Address _____

Campus: Phone _____ Fax _____ E-mail _____

Signature _____ Date _____

Card Type (select one): ___ Personal ___ *Department *Do **not** complete below Cardholder section

Cardholder: Name (print) _____

Dept. Name _____ Campus Address _____

Campus: Phone _____ Fax _____ E-mail _____

Social Security # _____ Mother's Maiden Name _____

Signature _____ Date _____

FOAP: Only one FOAP allowed per card.

Fund Code: _____ Organization Code: _____ Program Code: _____

All purchasing card purchases will be charged to Account Code 7018.

No. of Cards Requested: _____

Card Limits: Credit Limits: \$1,000 per transaction (fixed) \$10,000 per month (fixed)

Transaction Limits: 10 per day _____ per month

Request exception to exceed credit limits: \$ _____ per transaction \$ _____ per month

Please justify exception/comments:

Appointing Officer or Dean Approval _____ Date _____