



PURCHASING CARD REQUEST/CHANGE FORM

Current Information:

Cardholder Name: _____ Cardholder Title: _____
 Department: _____ Work Phone: _____
 Work Address _____
 (Street): _____ (City/State): _____

Required Card Limits

Monthly Credit limit (\$5,000 maximum)	\$
Single Transaction Limit (\$2,500 maximum)	\$

Standard Industry Codes (SIC) Limits (Check option):

<input type="checkbox"/>	Option 1: Travel Option
<input type="checkbox"/>	Option 2: Purchasing Card Option
<input type="checkbox"/>	Option 3: Fleet Option
<input type="checkbox"/>	Option 4: No Restrictons, except cash

Optional card limits:

Limit Daily	\$
Transactions Daily	#
Transactions Monthly	#

New Information/Changes:

____ Name Change or correction: _____
 ____ Department Transfer _____
 ____ Change Credit Limit _____
 ____ Change SIC Limits _____
 ____ Change Transaction Limits _____

We, the undersigned, request that the above individual be issued a Purchasing Card based on the above information. We have read the Cardholder Agreement and agree to all the terms and conditions stated therein. Cardholder understands that this is a voluntary request and accepts the personal liability imposed upon acceptance of the Purchasing Card. Cardholder also understands that refusal to accept the Purchasing Card will have no effect on their employment with the City.

	Signature	Printed/Typed Name	Date
Department Director:	_____	_____	_____
Cardholder:	_____	_____	_____