

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Cardholder Profile Information

Date: ___/___/___

Action Requested Add - request new card
 Change existing profile
 Close Account - attach card halves
 Other: _____

CARD TYPE (Check One) <input type="checkbox"/> Commodities Only <input type="checkbox"/> Commodities & Travel * * (Requires Travel Addendum)

Cardholder Name: _____
Social Security No: _____
Mother's Maiden Name: _____
Vice President Unit: _____
College: _____
Department: _____
Business Address: _____

Phone: _____
Fax: _____
e-mail: _____

Requested Monthly Limit: \$ _____
Single Transaction Limit: \$ _____ (Maximum: \$999)

6 Digit Banner Index #: _____

Dean/Director/Chair Signature: _____

Signature on Default Banner Account:
(if other than Dean/Director/Chair) _____

Associate Card Administrator Approval: _____