

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Cardholder Profile Information

Date: ___/___/___

Action Requested Request new card
 Change existing profile
 Close Account - complete termination form
 Other: _____

CARD TYPE (Check One)

Commodities Only
 Commodities & Travel *
* Requires Travel Addendum

Cardholder Name: _____
Banner Z Number: _____
Mother's Maiden Name: _____
Vice President Unit: _____
College: _____
Department: _____
Business Address: _____

Phone: _____
Fax: _____
e-mail: _____

Requested Monthly Limit: \$ _____
Single Transaction Limit: \$ _____ (Maximum: \$4999)

6 Digit Banner Index #: _____

Dean/Director/Chair Signature: _____

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

Associate Card Administrator Approval: _____