**STATE OF MARYLAND**

**CORPORATE PURCHASING CARD PROGRAM**

**NEW APPLICATION CARDHOLDER INFORMATION FORM**

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| **CARDHOLDER INFORMATION** |

Agency Name (19 A/N):       PCPA Name:

Cardholder Name (23 A/N):

Address (36 A/N):

City (25 A):       State (2 A):       Zip (5 N):       Zip-Ext (4 N):

Telephone Number (10 N):

|  |
| --- |
| **AUTHORIZATION CONTROLS** |

Credit Limit: $      Daily # Transactions:

Single Purchase: $      Cycle # Transactions:

|  |
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| **The single purchase limit is $5000 or less.** |

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| **RESTRICTIONS (By Agency)** |

Check one:

\_\_ Regular Card Controls

\_\_ Custom MCC Control Name (previously set up with the bank): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
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| **HIERARCHY INFORMATION** |

**ACCOUNT CODE NUMBER (23 A/N):**

| **FIN. AGY.** | **PCA** | **OBJECT** | **OBJECT** | **AGENCY** | **DEFAULT** |
| --- | --- | --- | --- | --- | --- |
| **CODE** | **AGENCY** | **FLAG** | **CODE** | **USE CODE** |  **PCA** |
| **(3 A/N)** | **(5 A/N)** | **(“C” or “A”)** | **(4 N)** | **(7 A/N)** | **(3 A/N)** |
|  |  |  |  |  |  |

Reporting Unit Name:

|  |
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| **APPROVALS** |

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Agency Fiscal Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Completed by PCPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**Questions should be addressed to the agency PCPA identified above.**