

**CENTRAL ARIZONA COLLEGE
CARDHOLDER ACCOUNT APPLICATION**

The Purchasing Card

Exhibit A

_____ New
_____ Close Card Card Number _____
_____ Change (Only complete fields to be changed)

Department Cardholder

Campus: _____
Department/Division Name _____
Manager/Director's Name _____
I wish to recommend the following person to receive a purchasing card for the department identified above. This person will be assigned the responsibility of making purchases with the purchasing card for this department

Cardholder Information:

Cardholder Name:
Fname: _____ MI: _____ Lname: _____

Last four digits of Social Security Number: _____

Work Phone: _____

Default Accounting Code:

(Fund)	(Orgn)	(Account)	(Program)

Use the supply account for your department

Cardholder Limits

Single Purchase Limit: \$500 Monthly Credit Limit: \$2,500
Dollar Limit Per Day: \$1000

Cardholder Name: _____

Signature: _____ Date: _____

Manager/Directors Name: _____

Signature: _____ Date: _____

Director/Purchasing Name: _____

Signature: _____ Date: _____

Approved by V.P. Finance: _____

Signature: _____ Date: _____

MCC Group Name: _____

Purchasing Office