MONTCLAIR STATE UNIVERSITY
PURCHASING CARD PROGRAM
NEW APPLICATION - CARDHOLDER INFORMATION FORM

Division Name: _____ (***Do Not Use Abbreviations)***

Department Name: _____ Date: _____

Department Address: _____

Building Name: _____Room Number: _____

Cardholder Name: _____ CWID:_____

Title: _____

Office
Phone Number: ( ) _____ Office
E-Mail Address: _____

Cardholder Purchasing Limits: (Select Based On Spending Requirements)

Dollar Limit per Transaction: $500.00 ☐ Credit Limit per Month: $2,500.00 ☐
Dollar Limit per Transaction: $500.00 ☐ ` Credit Limit per Month: $3,500.00 ☐
Dollar Limit per Transaction: $1,000.00 ☐ Credit Limit per Month: $5,000.00 ☐

Cardholder Signature: _____
(Date)

Cost Center
Manager Signature: _____
(Date)

All Cardholders must have an authorized P-Card Approver. Please provide this information below:

Was the Approver trained? Yes, provide date _____
If No, P-Card Approver Application and Acknowledgement Form must be provided with this application.

P-Card Approver Name (Print): _____

P-Card Approver Title (Print):_____

P-Card Approver's Signature: _____
(Date)

P-Card Administrator's Use Only:
Cardholder's Receipt of Card: _____ *(Date)*
P-Card Administrator Signature: _____ *(Date)*