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: ( ) ____________ 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:

<table>
<thead>
<tr>
<th>Cardholder’s Receipt of Card:</th>
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|                              | *(Date)*

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<tr>
<th>P-Card Administrator Signature:</th>
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|                                | *(Date)*