

CREDIT CARD APPLICATION

CARDHOLDER PERSONAL INFORMATION

Cardholder Name: _____
(as it should appear on card – 21 character limit)
 Employee #: _____ Date of Birth: _____
(DD/MM/YY)
 Cardholder's Position: _____ Department: _____
 Location: _____ Extension: _____ UserID: _____
(e.g. smithr2)

CARD INFORMATION

What type of transactions will the card be used for (check all that apply):

- ☐ PCARD
☐ CORPORATE/TRAVEL

Cost Centre that will be used most frequently: _____

Who will be preparing expense reports for this card?

- ☐ Cardholder ☐ Department Card Administrator

Name of Department Card Administrator: _____ UserID: _____

Who will be approving monthly reports for this card?

Name of Approver: _____ Ext: _____ UserID: _____

SIGNATURES – SIGN AND PRINT

Cardholder: _____ Date: _____

Manager: _____ Date: _____

Dean/Director: _____ Date: _____

Purchasing: _____ Date: _____

FINANCE USE ONLY

Type of Card Approved: ☐ PCARD ☐ CORPORATE

Trx Limit: _____ Daily Limit: _____ Month Limit: _____

☐ Card requested from Desjardins **Date:** _____ **Received:** _____

On Line Access Set Up: ☐ Cardholder ☐ Approver ☐ Department Card Administrator

☐ Cardholder Agreement received and filed **Date Card Issued:** _____