

MASTERCARD APPLICATION

CARDHOLDER INFORMATION

Cardholder Name: _____
(as it should appear on card – 21-character limit)

Employee #: _____ Date of Birth: _____
(MM/DD/YY)

Cardholder's Position: _____ Department: _____

Campus: _____ Extension: _____ Email: _____
(e.g. racine)

WHO WILL BE RECONCILING THE EXPENSE REPORTS IN WD?

☐ Cardholder ☐ Budget Officer/Clerk: _____

STANDARD LIMIT

☐ \$10,000k per Month with a transaction limit of \$2,500k (this includes shipping and taxes)

HIGHER LIMIT – Explain why you would need a higher limit on your credit card?

Amount requesting per month: _____ transaction limit: _____

**Your Director, Dean or Chair will need to sign off on this amount.*

SIGNATURES – PRINT, SIGN AND DATE

Cardholder: _____ Date: _____

Manager: _____ Date: _____

Procurement: _____ Date: _____

**Only applies for higher limits – must be signed by a Director, Dean or Chair*

Approved by: _____ Date: _____

PROCUREMENT ONLY

Card ordered on: _____ Buyer: _____ Received from BMO: _____

Cardholder Acknowledgement packaged picked up on and signed for: _____

Additional information: _____