

**STATE of MARYLAND
CORPORATE PURCHASING CARD PROGRAM
NEW APPLICATION CARDHOLDER INFORMATION FORM**

CARDHOLDER INFORMATION

Agency Name (24 A/N): UMBC Contact Name: Ina B. Caplan

Cardholder Name (24 A/N):

Billing Address (36 A/N):

Billing Address (36 A/N): 1000 Hilltop Circle

City and State (27 A): Baltimore, MD Zip (9 N): 21250

Telephone Number (10 N): (410) 455- SSN (9 N):

AUTHORIZATION CONTROLS

Credit Limit: \$ _____ Daily # Trans: _____ Cycle \$ Limit: _____ Single Purchase: \$ _____ Cycle # Trans: _____

The single purchase limit recommended by the State is \$1000. If there are any changes to this amount, please indicate it above.

RESTRICTIONS (By Agency)

	MCCG NAME	MCCG ACTION	SINGLE PURCHASE LIMIT
1	UMBC	Exclude	
2			
3			
4			

HIERARCHY INFORMATION

ACCOUNT CODE NUMBER (22 A/N):

FIN. AGY. CODE (3 A/N)	PCA AGENCY (5 A/N)	OBJECT FLAG ("C" or "A")	OBJECT CODE (4 N)	AGENCY USE CODE (6 A/N)	DEFAULT PCA (3 A/N)
R41	PCARD	C	1538		R41

Reporting Unit Name:
and Number (5 N):

INITIAL CARD MAILING INSTRUCTIONS

Contact Name (36 A): Ina B. Caplan Address (36A): Rm 301 Admin. Bldg., 1000 Hilltop Circle

City, State (27 A): Baltimore, MD 21250 Zip (9 N): 21250

Employee Name: _____ Signature: (on file) _____ Date: _____

Agency Fiscal Officer: William C. Cox/Leland R. Beitel Signature: _____ Date: _____

GAD Account Code Number Verification: _____ Signature: _____ Date: _____

**For Questions, please contact NationsBank - Customer Service at 1-800-538-8788 / Fax Number 1-800-253-5846
For Account Code Number Setup Assistance contact General Acctg. Div. at 410-974-3813/Fax # 410-974-3979**

[Card Received: _____ (Initials of Cardholder) _____ (Date)]