

**PURCHASING CARD ACCOUNT MAINTENANCE REQUEST FORM**

**Date of Request:** \_\_\_\_\_

**Cardholder Name / e-mail :** \_\_\_\_\_  
**(Please Print)**

**Department:** \_\_\_\_\_ **ext.** \_\_\_\_\_

**VISA Card # (last 8 digits):** \_\_\_\_\_ **Fund & Budget #** \_\_\_\_\_

**TYPE OF REQUEST (Write all changes next to type of request.):**

Cancel Card \_\_\_\_\_ Cardholder Name Change \_\_\_\_\_

Default Account Change \_\_\_\_\_ Campus Address Change \_\_\_\_\_

Department Change\* \_\_\_\_\_ Phone Number Change \_\_\_\_\_

Monthly Credit Limit Change\*\* \$ \_\_\_\_\_ Supervisor Change\*\* \_\_\_\_\_

Single Purchase Limit Change \$ \_\_\_\_\_ FAS # Change\*\* \_\_\_\_\_  
(NTE \$4,999)\*\*

Monthly credit limit increase over \$15,000 (total of all cards per cardholder)\*\*\* \$ \_\_\_\_\_

\* Will result in cancellation of card. A new cardholder agreement form must be submitted.

\*\* Requires approval of Department Head (no designees).

\*\*\* Cardholder must complete an over \$15,000 credit limit form and submit to Ina Caplan

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(No Designees)

**Once completed, forward this request to Ina Caplan, Department of Procurement,  
Rm. 301 Administration Building**