



**PURCHASING CARD  
APPLICATION AND AGREEMENT - INDIVIDUAL**

New

Change (Only complete fields to be changed)

Cardholder Account # \_\_\_\_\_ (need only last 4 digits for changes) Delete/Close

**Company Information**

University of Nevada, Reno - #05170

**Cardholder Information**

<b>Cardholder Name</b>			<b>For Security Purposes Only</b> (Required by the Bank)		
<b>Name Line 2</b>			9-digit Employee ID number:		
<b>Address Line 1</b>			Birthdate:		
<b>Address Line 2</b>			Mother's Maiden Name or Access Code		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Work Phone: _____ - _____		
<b>Accounting Code:</b>			Cell Phone: _____ - _____		
Fund	Agency	Org			

**Cardholder Controls**

Credit Limit (CSL)	\$ 10,000	Single Purchase Limit	\$ _____	(\$ 4,999 Max)
Credit Limit Change Requested	\$ _____	Transactions/Cycle	500	
Is the Change Temporary:	Yes No. If Yes, How long _____	MCC Group	NEV	
Authorizations/Day	50	(Merchant Category Code Group)	Include	Exclude

**Cardholder Approvals**

Approved (Please Print) _____ (Dept. Chair/Director) (Required for any credit limit changes)	Signature: _____	Date: _____
Approved (Please Print) <u>Joyce Stauffenberg or Sheri Mendez</u> (Purchasing Card Administrator)	Signature: _____	Date: _____

**Internal PaymentNet Information**

To whom should the purchasing card edit e-mail reminders and Pcard correspondence be sent too?

Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____

Who should have access to PaymentNet to review and edit transactions and print the Statement of Account related to this purchasing card?

Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____
Name: _____	E-mail Address: _____

**Reporting Hierarchy Levels - Controller's Office Use Only**

Level 6 Name:			Level 6 #	
Reporting Hierarchy Level Numbers*	Level 2 (Region)	Level 3 (Div)	Level 4 (Sub)	Level 5 (Fin)

