

LOYOLA MARYMOUNT UNIVERSITY  
Purchase Card Application/Change Form

<p><b>Circle type of request as noted below:</b></p> <p>A. New Account a. Complete all the fields on this form</p> <p>B. Dept/Div/Acct Code Change a. Card Account Number b. University Account Number</p> <p>C. Account Closure a. Card Account Number b. Complete Purchasing Card Surrender Form</p> <p>D. Name Change a. Card Account Number b. University Account Number c. New Cardholder's Name</p> <p>E. Credit Line Adjustment a. Card Account Number b. Select Credit Options</p>	<p><b>To change information for existing account</b></p> <p>1. Fill in card account number: _____</p> <p>2. Fill in current name on card _____ First            M            Last</p> <p>3. Fill in current university account number _____</p>
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<b>Department Name:</b> _____	
<b>University Account #</b> _____ - _____ - _____ - _____      _____ Fund                                  Area                                  Org                                  Project                                  Default Object code	
<b>Cardholder's Name (First, Middle Initial, Last)</b>	<b>Soc. Sec. # (Last 4 digits only)</b>
<b>Office Mailing address</b>	<b>Office Phone #</b>
<b>Date of Hire</b>	<b>Date of Birth</b>
<b>Cardholder's position</b>	<b>E-mail address</b>
	<b>Fax #</b>

<b>TO BE COMPLETED BY DEPARTMENT MANAGER:</b>			
<b>Spending limit requested for this applicant - place X in appropriate box</b>			
Option One <input type="checkbox"/> \$1,500 Monthly \$ 250 Single Purchase	Option Two (default) <input type="checkbox"/> \$20,000 Monthly \$ 1,500 Single Purchase	Option Three <input type="checkbox"/> \$ 25,000 Monthly \$ 2,500 Single Purchase	Option Four <input type="checkbox"/> \$ _____ Monthly \$ _____ Single
<b>Who will have access to view transactions made by this cardholder?</b>			AUTHORITY place an x in the appropriate column(s)
Name	Email address	View	Approve

<b>Cardholder's Signature</b>	<b>Date Signed</b>
<b>Department Manager (Print name)</b>	<b>E-mail address</b>
<b>Department Manager Signature</b>	<b>Date Signed</b>

<b>To be filled out by the Purchasing Card Administration Office</b>	
<b>Hier Level</b> <b>Hier ID</b> <b>Product Access</b>	<b>Program Administrator's Signature</b>