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| **State of Arkansas****Purchasing Card Application Form** |
| **TO ADD NEW ACCOUNT** |  | **TYPE OF REQUEST** |
| 1. | Indicate “New Account” under Type of Request. |  | **Check Appropirate Box:** |
| 2. | Complete ALL fields on the form. |  | [ ]  A. | New Account |
| 3. | Be sure all signatures have been obtained. |  |  | [ ]  Plastic [ ]  No Plastic |
|  |  |  | [ ]  B. | Address Change |
| **TO CHANGE INFORMATION ON EXISTING ACCOUNT** |  | [ ]  C. | Dept./Div./Acct. Code Change |
|  |  |  | [ ]  D. | Account Closure |
| 1. | Indicate Type of Request. |  | [ ]  E. | Name Change |
| 2. | Fill in card account number. |  | [ ]  F. | Credit Line Adjustment |
| 3. | Fill in current name on card. |  | [ ]  G. | Phone Number Change |
| 4. | Complete only the fields to be changed in the |  | [ ]  H | Other |       |
|  | following sections |  |  |  |
|       |  |  |  |  |
| First Name |       |  |  |  |
|       | Middle Initial |  |  |  |
| Last Name |  |  |  |  |
| **CARDHOLDER INFORMATION** | **AUTHORIZATION** |
|  |  | **Original Signatures Only** |
|       |       |  |
| First Name – (Embossed on card) | M.I. – (Embossed on card) |  |
|  |  | Employee |
|       |  |
| Last Name – (Embossed on card) |  |
|  |  |  |
| 999-99-     |  |  |
| Last 4 digits of Social Security Number – (Required **ONLY** on New  | Date: |       |
| Applications | Manager  |
|  |  |
|  |  |  |
|       |  |
|  |  |
| Agency Name – 19 characters **U AR COOP SVCS** | Date: |       |
| (User definable – embossed below cardholder name on plastic) | Chief Financial Officer or Agency |
|  | Head |
| Agency Address: **2301 S. University Ave.** |  |
|  |  |
| City: **Little Rock** |  |
|  |  |  | Date: |       |
| State: **AR** | Zip Code: **72204** |  | Purchasing Card Coordinator |
|  |  |  |
| $       | $       |  |
| Monthly Credit Limit - | Single Transaction $ Limit –  |  |
| 6 Characters | 6 characters (optional) | Date: |       |
|  |  |  |  |
|       |       @uaex.edu |
| Business Phone – 10 characters | E-mail Address |
|  |  |  | **729930** |
| **33168** |  |  | Default GL Code |
| Managing Account Number (16) |  |  | (Certain instances may require |
| (Assigned by U.S. Bank) | Business Area (4) | Cost Center (10) | Different GL code) |
|  |  |  |
|       |       |       |
| Internal Order (12) | WBS Element (24) | Fund Reservation (10) - optional |
|  |  |  |  |
| 1234 | **33168** |       |       |
| Agent Number (4) | Company Number | Default Division (fund) Number | Default Department (org) Number |

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