|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |

PURCH-400 rev. 10-11-2011