

**SAGINAW VALLEY STATE UNIVERSITY
NEW CARDHOLDER ACCOUNT APPLICATION**

Cardholder Information

Cardholder Name _____
(Last name, First name) 23 character limit

Department _____ Account Manager _____

Campus Address _____ E-mail address _____

Work Phone: () _____ Social Security Number (last four digits) _____

Cardholder Signature _____ Date _____

Department Section

Approvals

Account Manager (Please Print) _____ Signature _____ Date _____

Vice President/Executive Director/President (Please Print) _____ Signature _____ Date _____

Default General Ledger Account Number ____ - ____ - ____ - 0

Monthly Credit Limit Authorized \$ _____ Individual Transaction Limit Authorized \$ _____
(if other than \$2,500) (if other than \$1,000)

Procurement Card Administrator Only

Credit Card number ____ - ____ - ____ - ____ Expiration Date _____

Process Date _____ Control Group Code _____

Procurement Card Administrator _____
(Signature)