



**Indiana University of Pennsylvania
Cardholder Enrollment/Change Form**

Card Type: Purchasing Action: Initial Enrollment
Change to Existing Account ending in
(last four digits of card number)

Monthly Credit Limit -- \$7,500 maximum / Transaction Limit -- \$1,000 maximum

Fill in ALL blanks in Section A and return to Purchasing Card Administrator.

Section A -- Cardholder Information – PLEASE PRINT

<p>Cardholder Full Name (First Name, Last Name)</p> <p>Department Name</p> <p>Campus Address</p> <p>Full Date of Birth</p> <p>Home Address</p> <p>Default SAP Cost Center / WBS</p>	<p>Last 4 digits of Banner ID</p> <p>Email Address</p> <p>Office Phone #</p> <p>Country of Citizenship</p>
Cardholder Signature: _____	Date: _____
Financial Manager Signature: _____	Date: _____
Cardholder Immediate Supervisor Signature _____ (if different than Financial Manager signature above)	Date: _____

**Section B – Do Not Write Below This Line
To be completed by Purchasing Card Administrator**

Signature Authority Verified by _____ Date _____

Entered on Works _____ Date _____

Email suppressed _____ **Active Cardholder Spreadsheet** _____ **Subscriber List** _____ **Works** _____