Procurement Card Cardholder Account Form

☐ New

☐ Change ***(Only complete fields to be changed)***

☐ Delete/Close Cardholder Account # ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Company Information

Company Name: Case Western Reserve University--#2116

Cardholder Information

Cardholder Name
(24 Characters)

Employee ID #
__ __ __ __ __ __ __

Name Line 2
(24 Characters)

Date of Birth
__ __ / __ __/ __ __

Address Line 1
(35 Characters)

Mother's Maiden Name or Password:

Address Line 2
(35 Characters) **10900 Euclid Avenue**

Work Phone:
(__ __ __) - __ __ __ - __ __ __ __

City
(23 Characters) **Cleveland** State **OH** Zip Code **44106**

Accounting Code (optional):
(1- 22 digits)

Reporting Hierarchy Levels *(Required Information)*

Level 6 Name
(i.e. Approving Official)

Level 6 Number

Reporting Hierarchy Level Numbers	Level 2 (i.e.Region)	Level 3 (i.e.Division)	Level 4(i.e.Sub-Unit)	Level 5 (i.e. Fin. Office)

Cardholder Controls *(Required unless specified)*

Credit Limit (CSL) **$5000 or $10,000 or $20,000**

Single Purchase Limit **$1,500 or $3,000 or $4,999**

Authorizations Per Day

Transactions Per Cycle

Dollars Per Day (optional)

MCC Group
(Merchant Category Code Group) **CASE01 & CASE012** **Exclude**

Cardholder Approvals

Cardholder Name:
(Please Print)

Signature:

Date

Approved By:
(Please Print) **Michelle Adams**
(Authorized Signer)

Signature:

Date

Bank Use Only

Account Number ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

Unit Assigned:						

Signature Verified: Date: Initials: Mgt: