



Commodity Card Application

ACTION REQUESTED: [ ] New Card [ ] Update Cardholder Info. [ ] Credit Limit Change [ ] Dept ID Change [ ] Other

CARDHOLDER INFORMATION
First Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_
Job Title: \_\_\_\_\_ Campus Location: \_\_\_\_\_ Office/Room #: \_\_\_\_\_
Panther ID: \_\_\_\_\_ Work Phone : \_\_\_\_\_ Department Name: \_\_\_\_\_
Email: \_\_\_\_\_ Department ID #: \_\_\_\_\_ Fund #: \_\_\_\_\_ Program #: \_\_\_\_\_ Class #: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

JUSTIFICATION
New cardholders: Submit detailed reasons for requesting a Commodity Card --- Existing Cardholders: Include justification for credit limit changes.

REQUEST INITIAL CREDIT LIMITS / REQUEST PERMANENT CHANGE OF CREDIT LIMITS
Normal limits are \$5,000 monthly/\$1,000 per single transaction --- Limits that exceed these amounts requires justification.
CARD LIMITS Monthly Limit: \_\_\_\_\_ Single Transaction Limit: \_\_\_\_\_

APPROVER INFORMATION
Approver Name: \_\_\_\_\_ Panther ID: \_\_\_\_\_
Back-Up Approver Name: \_\_\_\_\_ Panther ID: \_\_\_\_\_

APPROVAL BY VP, DEAN OR DIRECTOR
Authorized By (Printed Name): \_\_\_\_\_ Title: \_\_\_\_\_
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR USE BY CREDIT CARD SOLUTIONS ADMINISTRATOR ONLY
Date Order: \_\_\_\_\_ Bank Info: \_\_\_\_\_ Date entered in PS: \_\_\_\_\_ Date Closed (Bank): \_\_\_\_\_
Approved: \_\_\_\_\_ Date: \_\_\_\_\_ Date Closed (PS): \_\_\_\_\_