



# 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
<b>New cardholders:</b> Submit detailed reasons for requesting a Commodity Card --- <b>Existing Cardholders:</b> 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): _____