

**STATE OF MARYLAND  
CORPORATE PURCHASING CARD PROGRAM  
NEW APPLICATION CARDHOLDER INFORMATION FORM**

**CARDHOLDER INFORMATION**

Agency Name (19 A/N): \_\_\_\_\_

PCPA Name: \_\_\_\_\_

Cardholder Name (23 A/N): \_\_\_\_\_

Address (36 A/N): \_\_\_\_\_

City (25 A): \_\_\_\_\_

State (2 A): \_\_\_\_\_

Zip (5 N): \_\_\_\_\_

Zip-Ext (4 N): \_\_\_\_\_

Telephone Number (10 N): \_\_\_\_\_

**AUTHORIZATION CONTROLS**

Credit Limit: \$ \_\_\_\_\_

Daily # Transactions: \_\_\_\_\_

Single Purchase: \$ \_\_\_\_\_

Cycle # Transactions: \_\_\_\_\_

**The single purchase limit is \$5000 or less.**

**RESTRICTIONS (By Agency)**

Check one:

Regular Card Controls

Custom MCC Control Name (previously set up with the bank): \_\_\_\_\_

**HIERARCHY INFORMATION**

**ACCOUNT CODE NUMBER (23 A/N):**

<b>FIN. AGY. CODE (3 A/N)</b>	<b>PCA AGENCY (5 A/N)</b>	<b>OBJECT FLAG ("C" or "A")</b>	<b>OBJECT CODE (4 N)</b>	<b>AGENCY USE CODE (7 A/N)</b>	<b>DEFAULT PCA (3 A/N)</b>

Reporting Unit Name: \_\_\_\_\_

**APPROVALS**

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Fiscal Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed by PCPA: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Questions should be addressed to the agency PCPA identified above.**