USD Number and Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CREDIT CARD AUTHORIZATION LIMITS**

|  |  |
| --- | --- |
| Total Dollar Limit (Per Period) | $ |
| Max Number of Daily Transactions |  |
| Maximum Dollars per Transaction | $ |

|  |  |
| --- | --- |
| Account Number |  |
| Name of Cardholder |  |
| Department |  |
| Social Security Number |  |
| Position |  |
| Statement Address |  |
| City/State/Zip |  |
| Telephone Number |  |
| Authorization Strategy Number |  |
| Organization Number/Object Code |  |
| Special Instructions |  |

|  |  |
| --- | --- |
|  |  |
| Date of Request | Departmental Approval |

|  |  |
| --- | --- |
|  |  |
| Date Authorized | Signature of Business Procurement Card Coordinator |

T/guidelines and manuals/credit card user auth form