



PROCARD - New Cardholder Application

Cardholder Information

Cardholder Name: _____
(24 characters)

Department Name: _____
(24 characters)

E-mail address: _____

Work Phone Number: _____ Work Fax Number: _____

Banner ID #: ____ - ____ - ____ Date of Birth: __/__/__

Mother's Maiden Name or Password: _____

BANNER organization code used for majority of purchases: ____ ____ ____ (required)

Cardholder Limits

Monthly spending limit: _____
(Maximum \$3000)

Single purchase limit: _____
(Maximum \$1000)

Cardholder Signature

Cardholder Name: _____

Cardholder Signature: _____ Date: _____

Department Authorization

I authorize and approve the individual named above to receive a Mesa State College procurement card (ProCard).

I acknowledge that this department is liable for all charges made on a ProCard before that card is cancelled or reported as lost or stolen to JP Morgan Chase.

Name: _____ Title: _____

Department: _____ Date: _____

All requests must be authorized by a Vice President, Dept Chair or Dept Director.

Complete all information and return to the Purchasing Department.