CARDHOLDER ACCOUNT SETUP FORM

☐ **New** ☐ Delete ☐ Change (only completed fields will be changed)

Cardholder Account #: _____ - _____ - _____ - _____ (16 digit #)

COMPANY INFORMATION
Company Name: UW -

CARDHOLDER INFORMATION
Cardholder Name: First MI Last(24 characters)
Phone Number:
Name Line 2: (Third Embossed Line = 24 characters) *(Elan Use: Use Authorized User 1 Field)*
Address Line 1: (35 characters)
Address Line 2: (35 characters)
City: (23 characters)
State: Zip Code:

REPORTING HIEARCHY INFORMATION						
Company Level 1	Level 2 #	Level 3 #	Level 4 #	Level 5 #	Level 6 #	Level 7 #

For verification, enter the Name of the Unit that this cardholder points to:

Accounting Code (Optional-22 Character Maximum):

CARDHOLDER LIMITS

Monthly Credit Limit ($) : _____ Single Purchase Limit ($): _____

$ Limit Per Day: _____ Transactions Per Cycle (#): _____

MCC Group: _____ ☐ I (Include) or ☒ E (Exclude): Check One

ACCOUNT ACCESS METHODS

Should a card be issued? ☒ Yes ☐ No

Should a pin be issued? ☐ Yes ☒ No

Should checks be issued ☐ Yes ☒ No

CARDHOLDER APPROVALS

Authorized Signature: _____ Date: _____

Name of Person Completing Form: _____ Phone: _____