

SALISBURY UNIVERSITY

Visa Purchasing Card New Application Information Form
(A separate application is required for each purchasing card
requested)

Cardholder Information

Cardholder Name (24 A/N): _____

PeopleSoft Department ID Number: _____

Department Name: _____

Campus Address 1 (36 A/N): _____

Campus Address 2 (36 A/N): _____

Telephone Number (10 N): _____

Cardholder Office Name and Location: _____
(If not included in campus addresses)

Designated Manager Name: _____

Designated Manager Office Name and Location: _____

Authorization Controls

Required Restrictions:

Credit Limit: _____ No Cash Advances
Single Purchase Limit: _____ No Travel and Entertainment
No Unincorporated Service Providers

Optional Restriction:

Additional restrictions/modifications are available. If interested please contact John E. Spence in Purchasing, Tel. 36056.

Cardholder Signature: _____ Date: _____

By signing this form the cardholder affirms that the information presented is correct to the best of their knowledge, and they agree to abide by the policies and procedures set forth for the use of this card.

WHEN COMPLETED, PLEASE MAIL FORM TO JOHN E. SPENCE, PURCHASING