

SECTION 1 - Cardholder Information Embossed on Credit Card - To be completed by cardholder

Last and first name + middle initial, including spaces, limited to 21 characters. Department name, including spaces, limited to 21 characters.	Last Name	First Name	Mid Init.
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Department Name	Employee ID	
	<input type="text"/>	09	

SECTION 2 - Office Address (Referred to as billing address) - To be completed by cardholder

Address line 1, including spaces, limited to 36 characters	Cardholder's Office Address- Line 1 (Include Zot Code)			
	<input type="text"/>			
Address line 2, including spaces, limited to 35 characters	Cardholder's Office Address- Line 2			
	<input type="text"/>			
City	State	Zip Code	Office Phone No.	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3 - Reviewer(s) Assignment - To be completed by reviewer(s)

At least one reviewer must be assigned to account.

Reviewer #1 (Last Name, First Name, Mid. Init.)	Is cardholder responsible for supervising reviewer #1?	Phone No.	Email Address
<input type="text"/>	Yes No	<input type="text"/>	<input type="text"/>
Reviewer #2 (Last Name, First Name, Mid. Init.)	Is cardholder responsible for supervising reviewer #2?	Phone No.	Email Address
<input type="text"/>	Yes No	<input type="text"/>	<input type="text"/>

SECTION 4 - Default Account Number Linked to PALCard - To be completed by reviewer or supervisor

Contract or grant accounts CANNOT be linked "by default" to PALCard.

Account Number	Fund Number	Sub	Object Code
<input type="text"/>	<input type="text"/>	03	8000

SECTION 5 - Credit Limits - To be completed by supervisor

*Cycle limit set at \$10,000.	Cycle Limit	Single transaction limit (per vendor, per day)
	\$10,000	\$

If left blank, the \$5,000 maximum limit will be applied.

*Cycle limits above \$10,000 require supervisor justification below:

SECTION 6 - Signatures - To be completed by cardholder, supervisor and reviewer(s)

Cardholder's Signature	Date Application Completed
<input type="text"/>	<input type="text"/>
Supervisor's Signature	Print Supervisor's Name
<input type="text"/>	<input type="text"/>
Signature - Reviewer #1	Print Name - Reviewer #1
<input type="text"/>	<input type="text"/>
Signature - Reviewer #2	Print Name - Reviewer #2
<input type="text"/>	<input type="text"/>