

**Credit Card Request Form**

**Cardholder Information**

|  |  |
| --- | --- |
| Employee Name: |  |
| UIN Number: |  |
| Position Title: |  |
| Department Name: |  |
| Statement Mailing Address: |  |
|  |  |
| Business Phone Number: |  |
| Email Address: |  |

**Credit Card Type and Credit Limit**

Check appropriate box for the type of card(s) desired and enter requested credit limit.

|  |  |  |  |
| --- | --- | --- | --- |
| **Credit Card Type** | | **Standard Credit Limit** | **Requested Credit Limit**  **(if other than standard)** |
|  | Procurement Card | $500 |  |
|  | Department Travel Card | $1,000 |  |
|  | Individual Travel Card | No Standard Limit |  |

Individual Travel Card limit is based on cardholder's credit history. Please explain a credit limit request greater than the standard amount. Attach additional pages if necessary.



**Approval**

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name (printed): 

Supervisor (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed form may be sent as an email attachment by the appropriate approver to the Credit Card Coordinator at mkarns@tfs.tamu.edu. If FAXED, send form to 979/458-6622.