



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 the 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	

Please explain a credit limit request greater than the standard amount. Attach additional pages if necessary.

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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 Micah.Frost@tfs.tamu.edu.