Stonehill College

PURCHASING CARD
APPLICATION

| CARDHOLDER INFORMATION |

_____

Last Name   **First Name**   **Middle Initial**

_____   _____

Business Phone   **E-mail Address**

_____   _____

Department/Org.   **Fund   /   Account(s)**

_____

Additional Orgs. with Charging Authorization

□ □ □ □

Last Four Digits of Social Security Number (For security purposes during card activation)

| EMPLOYEE/APPROVAL SIGNATURES |

_____   _____

Signature of Applicant/Title   **Date**

_____   _____

Signature of Department Head/Title   **Date**

_____   _____

Signature of Division Head   **Date**

PURCHASING CARD ADMINISTRATOR USE ONLY

User Name_____ User Group _____

Training Date _____ **Card Number** _____