



# PURCHASING CARD APPLICATION

3995 South 700 East Suite 400  
Salt Lake City, UT 84070

## EMPLOYEE INFORMATION

First Name

Middle Initial

Last Name

Business Address

City

State

Zip

( )  
Home Phone

( )  
Business Phone

Mother's Maiden Name

Social Security Number

## COMPANY INFORMATION

Bridgewater State University  
Company Name

Company Address

Bridgewater  
City

MA  
State

02325  
Zip

\$2,500.00  
Monthly Credit Limit

\$500.00  
Single Transaction Limit

Department/Cost Center

E999089484  
Second Line of Embossing

## EMPLOYEE / APPROVAL SIGNATURE

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Signature of Dept Head, Dean or Vice President/ Date

\_\_\_\_\_  
Signature of Credit Card Administrator/Date

May 16, 2001