



# 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 or Date of Birth	

## COMPANY INFORMATION

_____		
Bridgewater State College		
Company Name		
_____		
Company Address		
_____		
_____	MA	02325
Bridgewater	State	Zip
_____	_____	_____
City	State	Zip
_____	_____	_____
Monthly Credit Limit	Single Transaction Limit	
_____	_____	
_____	_____	
Department/Cost Center	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

May 16, 2001