Colorado Community College System

Commercial CARD APPLICATION

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*Card Holder Name: | | | | | | |  | | | | | | |  | | | | | |  | | |
|  | | | | | | | Last | | | | | | | First | | | | | | M.I. | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 4th Line Embossing (if applicable): | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| \*Statement Address: All statements will be sent to your business address. Please mark your location: | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | 9101 E. Lowry | | | | |  | 1059 Alton Way | | |  | | 700 Boston St. | | |  | 9026 E. Severn Pl. | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| \*Employee S #: | | | | | |  | | | | | BANNER User ID: | | | | | |  | | | | | |
| (obtain from HR if unknown) | | | | | | | | | | |  | | | | | | (if you do not have one mark "New") | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| \*Email: | | |  | | | | | | | | \*Bus Phone No: | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Department: | | | | |  | | | | | | Default Org Code: | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Mother's Maiden Name: | | | | | | | |  | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | |  |
| I, the cardholder, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the Citibank Commercial Card Cardholder Account Agreement and the CCCS Commercial Card Manual that will accompany the card. | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | Date: | | | |  | | | | |  | |
| *Cardholder Signature* | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| ***Approving Official Information***  *I certify that I have a current Org Code Owner Signature Card for the default org on file with the fiscal department.* | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Signature | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
| VP Signature (if different): | | | |  | | | | | Date: |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| ***For Business/Purchasing Office use*** | | | | | | | | | | | | | | | | | | | |
| Approved by: |  | | | | | | | | | | Date: | | | |  | | | |  |
| *Terry Hindsman, PCard Administrator* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| \*MCC Templates: | |  | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| \*Amount Per Transaction Limit: | | | | \_\_\_\_\_$1,000\_\_\_\_\_\_ | | \*Amount Per Cycle Limit: | | | | | | \_\_\_\_\_$5,000\_\_\_\_\_\_\_\_\_ | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| *Processed CitiManager:* | | |  | | Banner Security: | |  | FOMPROF: | | | | |  | Dist. List: | |  | |  | |
| *Delegated Signature Authority:**Cardholder****\_\_\_\_\_\_*** *Approving Official \_\_\_\_\_\_* | | | | | | | | | | | | | | | | | | | |