New Cardholder Set up Form

dholder Information					
Company Number (7 digits):					
Company Name:	Florida A&M University				
Name Line 1:	85801268664C9				
Name Line 2:					
Address Line 1:					
Address Line 2:					
City, State, Zip:	Tallahassee, FL 32307				
Work Phone:	850				
Employee ID(required):					
Hierarchy Name:					
Hierarchy Number:					
Internal Accounting Code: (Dept ID, Fund, Project ID, etc					
Cardholder's Email Address:					
Parameters					
Credit Limit:					
Single Purchase Limit:					
Daily Purchase Limit:					
Cash Advance Capability		Yes		No	
If yes, % of Credit Limit for Cash Advance (if blank, 100%)					
Add Visa Rewards to this account?		Yes		No	
Add Travel Rewards to this account?		Yes		No	
Bypass Corporate Default SPL:					
DEFAULT MCC PROFILES (choose groups 1-6):					
CUSTOM MCCG NAME 1: Class A (travel only)		CycleAmt$		SPL$	
CUSTOM MCCG NAME 2: Class B (commodity only)		CycleAmt$		SPL$	
CUSTOM MCCG NAME 3: Class C (Travel & Commodity)	Class C	CycleAmt$		SPL$	
ailing Instructions					
Send Cards To:	Administrator				
Name:	Mattie Hood				
Address:	2380 Wahnish Way Ste #214				
City, State, Zip:	Tallahassee, FL 32307				
Phone Number:	850 599-3203				
Cardholder's Signature (if applicable):					
Vice President or President (required)					
VP & CFO (required)		Date:			
Director of Procurment Services (required)		Date:			
AX completed form to: 617-310-2783					