

SUL ROSS STATE UNIVERSITY  
PURCHASING CARD PROGRAM  
ACTION/APPLICATION FORM

| <b>Action Requested (check one of the following)</b>  |   |
|---|---|
| New Card Request _____<br>Account Change _____  | *Card Cancellation _____<br>*Card No. _____ |
| <b>Department Information</b>   |   |
| Department: _____<br>Account Number(s): _____<br>Account Manager: _____<br>Acct. Manager Email Address: _____<br>Acct. Manager Phone: _____ Acct. Manager Fax: _____  |   |
| <b>Cardholder Information</b>   |   |
| Cardholder Name (24 characters): _____<br>Social Security Number: _____<br>SRSU Mailing Address: _____<br>Cardholder Email Address: _____<br>Cardholder Work Phone: _____ Cardholder Fax: _____<br>Cardholder Home Phone: _____ |   |
| <b>Cardholder Purchase Limits (This section <u>must</u> be completed)</b>   |   |
| Spending Limit Per Month (maximum \$5,000): _____<br>Single Purchase Limit (maximum \$2,000): _____<br>Cardholder <b>Annual Credit Limit per Account</b> (specify limit for each budget acct.): _____<br>_____                  |   |

*Sign and forward application form to Purchasing Department at: Box C-116*

Account Manager Signature \_\_\_\_\_  
 Name (print/type) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
 (Program Administrator Signature)

**\* Lost or stolen cards must be reported immediately to JPMorgan Chase at 1-800-890-0669. Contact the SRSU Purchasing Card Program Administrator at 432-837-8045 after contacting JPMorgan Chase.**

## Instructions for Purchasing Card Application

1. **Action Requested** – Check one box to signify if this is a NEW application, a CHANGE or a request to CANCEL/CLOSE an existing card. Please be sure to provide the card number for all options except NEW application.
2. **Department Information** – Provide all information in this section. If the cardholder will be authorized to charge to more than one account number under your control, please enter each approved account number in this section.
3. **Cardholder Information** – Provide all information in this section including cardholder's home phone number.
4. **Cardholder Purchase Limits** – Provide the desired limits for this cardholder. If the cardholder will be authorized to charge to more than one account number under your control, please list each account number separately with the annual credit limit for each separate account number.
5. **Signatures** – This application must be signed and dated by the appropriate account manager and forwarded to the Purchasing Department. The Purchasing Card Program Administrator will review the application and if approved, will have the card ordered. Cardholders will be required to attend training before receiving their card.

**SUL ROSS STATE UNIVERSITY**  
**CARDHOLDER PURCHASING CARD AGREEMENT**

I hereby acknowledge receipt of a Sul Ross State University (SRSU) MasterCard Purchasing Card. As a cardholder, I agree to comply with the terms and conditions of this Agreement and the Purchasing Card policies and procedures.

I acknowledge that I have read and understand the terms and conditions of this Agreement and the Purchasing Card policies and procedures. I understand that SRSU is liable to JPMorgan Chase and MasterCard for all SRSU charges.

I agree to use this card for SRSU approved purchases only and agree not to charge personal purchases. I understand that SRSU will audit the use of this card and report any discrepancies.

I further understand that improper use of this card may result in disciplinary action, which may include termination of employment. I agree to repay SRSU any amounts owed by me even if I am no longer employed by SRSU.

I understand that the card is the property of SRSU. I further understand that SRSU may terminate my right to use this card at any time for any reason. I agree to return the card to SRSU immediately upon request or upon termination of employment.

Cardholder: \_\_\_\_\_

Master Card #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Department: \_\_\_\_\_

