ELECTRONIC COMMERCE CARD APPLICATION FORM

TYPE OF CARD: ☐ **Electronic Commerce Card** ☐ **Travel Card** ☐ **Contract Card**

CARDHOLDER INFORMATION: (if generic card, list the card name)

Generic Name:		
First Name:	Middle Initial:	Last Name:
E-Mail Address:	Business Phone Number:	

BILLING STATEMENT ADDRESS

Department Name:	Division:	
Street Address:		
City:	State:	Zip:

WHAT COMMODITIES DO YOU PLAN ON PURCHASING WITH THIS CARD?

CREDIT LIMITS Monthly Credit Limit $ Single Transaction Limit $

CARD USE APPROVED PERSONNEL (For Generic Card Use Only): (please print names)

1._____ 2._____

Cardholder Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Elected Official Signature: _____ Date: _____

Program Manager: _____ Date: _____

Director of Procurement Signature: _____ Date: _____

Director of Financial IT & Compliance Signature: _____ Date: _____

Director of Finance Signature: _____ Date: _____

County Mayor Signature: _____ Date: _____