

# Hocking College Purchasing Card Cardholder Application Form

Information on your card will appear exactly as shown. To ensure accurate/timely processing please print clearly. All requested information and signatures must be present on this document prior to the application being processed.

New  Replacement – lost/stolen or damaged card (circle one)  
 Change (Only complete fields to be changed ex. name, dept.)

Name (Please PRINT clearly, 24 characters max)

\_\_\_\_\_

Home address: \_\_\_\_\_  
(Used by JPMorgan Chase for regulatory purposes)

(For cardholder security purpose only) Last 4 of SS# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Department Name \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Account #\* \_\_\_\_\_ - \_\_\_\_\_ - 8676  
Fund Department

Cardholder E-mail Address \_\_\_\_\_

Supervisor E-mail Address \_\_\_\_\_

## Limit Increase (based on usage)

Appropriate approvals required including P-Card Admin

Per Transaction Limit-\$2,500.00 \_\_\_\_\_

Monthly Limit-\$5,000.00 \_\_\_\_\_

I understand that signing below gives JPMorgan the authorization to issue a card in my name.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form to Lisa Stevens JL 249A

Please allow 3 weeks processing. Processing time and limits are subject to change.

\*This will be the default account number on all transactions. Actual account # will be changed at reconciliation.