

# State of Arkansas Purchasing Card Application Form

<b>To Apply For Purchasing Card</b> 1. Complete ALL fields on the form. 2. Be sure all signatures have been obtained.	<b>OSP USE ONLY</b> Verified Employment Status  Date: _____  Initials: _____  Training Date: _____
<b style="color: red;">Liaison MUST Send Original Application to Office of State Procurement</b>  <b style="color: red;">All Fields Must Be Completed Before Application Is Processed</b>	

## CARDHOLDER INFORMATION

Last Name - (Embossed on card)	First Name - (Embossed on card)	Middle Initial - (Embossed on card)
Last 4 Digits of Social Security Number: <b>XXX-XX-</b>		
AASIS Personnel Number:	Circle AASIS Roles: Z:FI0006   Z:FI0007 (If Applicable)   Z:FI0008   Z:FI0009	
Agency Name: (User definable – Embossed below cardholder name)	Tax Exempt ID: (If Applicable)	
Agency Address:	City: _____ State: <b>AR</b> Zip code + Ext.: _____	
( ) - Business Phone	E-Mail Address: _____	

## AGENCY INFORMATION

\$ , . Monthly Credit Limit	\$ , . Single Transaction \$ Limit – 6 characters (Optional)		
Business Area	Cost Center	Managing Account Number (Assigned by U. S. Bank)	<b>5020007000</b> Default GL Code (Certain instances may require different default GL code)
Agent Number	Company Number	Division Number	Department Number
<b>Please provide the following information if your Agency uses any of these accounting areas</b>			
Internal Order	WBS Element	Fund Reservation	

## AUTHORIZATION

**Original Signatures Only**

Employee	Date: _____
Agency Liaison	Date: _____
Chief Financial Officer, Agency Head, or Designee	Date: _____
Purchasing Card Administrator /Coordinator	Date: _____