



WAKE FOREST UNIVERSITY REYNOLDA CAMPUS  
UNIVERSITY CARDHOLDER APPLICATION

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

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

Business Address: P.O.Box \_\_\_\_\_

Street (if no dept. P.O. Box): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business telephone: \_\_\_\_\_ Business e-mail address: \_\_\_\_\_

Default Department Budget Code: \_\_\_\_\_ Project/Grant Number: \_\_\_\_\_

Full Time Employee:  Yes  No

If you are not a full time employee, fill out a Temporary Employee Cardholder Provision and attach to this application.

If a temporary employee, enter the end date of your employment: \_\_\_\_\_

Please check the box with the spending strategy that will be attached to your University Card:

<input type="checkbox"/> Spending Strategy: Option 1	<input type="checkbox"/> Spending Strategy: Option 2	<input type="checkbox"/> Spending Strategy: Option 3
\$5,000 Monthly Spending Limit \$2,500 Single Purchase Limit	\$10,000 Monthly Spending Limit \$2,500 Single Purchase Limit	Customized Spending Strategy. ____ Monthly Spending Limit ____ Single Transaction Limit

I understand that I will be asked to sign a copy of the cardholder agreement upon completion of training in order to receive my card.

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

The cardholder's Department Head/Supervisor must complete the section below. This is not the same person as the cardholder.

As Department Head, I approve the issuance of a corporate card to the above named person and assume overall responsibility for the card.

Printed Department Head Name: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Do you, as Department Head, have a University Card?  Yes  No

Department Heads and Approvers of the default budget code must complete a credit card training class. Those who have not attended credit card training within the past 3 years will be contacted to register for a class.

I certify that the above named applicant will be trained before receiving a University Card and that appropriate action will be taken if the card program policies are not followed.

Procurement Services Approval: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
Ordered:	_____
Cc class:	_____
Database:	_____
Listserv:	_____
Activated:	_____
Welcome email:	_____
Date cancelled:	_____
Approver trained:	_____