

**WASHTENAW COMMUNITY COLLEGE  
PURCHASING CARD  
CARDHOLDER APPLICATION**

Cardholder Name: \_\_\_\_\_ Fund/Org Number: \_\_\_\_\_

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

Position/Job Title: \_\_\_\_\_ Division: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Credit Limit: \*\$500 \_\_\_\_\_

\*Minimum monthly credit limit. Indicate amount if requesting a higher limit.

Reason for Purchasing Card: \_\_\_\_\_

---

---

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

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

Vice President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Signature: \_\_\_\_\_ Date: \_\_\_\_\_