



Business Purchasing Service Center Information Record

Company Name: Idaho Department of Parks and Recreation

1. Type of Request

New Change Delete

Card Type: _____

Card Account #: _____ Desired Start Date: _____

Name on the Card: _____
First Name Middle Initial Last Name

(Change: Complete only the fields to be changed in the following sections)

2. Card Information

Name - 24 Characters *(Embossed on Card)*

Last 4 digits of Social Security Number

Organization Name - 24 Characters
(User defined - embossed below cardholder name on plastic)

Monthly Credit Limit *(Required)*

Address - 36 Characters

Single Transaction Limit

City - 25 Characters

MCC Group

State Zip Code Zip Ext.

Internal Audit Code - 22 Characters
(Not Used In Idaho)

3. Reporting Level (Hierarchy)

Level 2 - Agency _____

4. Special Instructions

5. Authorization

Employee Signature: _____ Date: _____

Program Administrator Signature: _____ Date: _____