MINNEAPOLIS
COLLEGE of ART and DESIGN

Updated 8/18/25

Credit Card Request Form

Use this form to request an MCAD credit card for MCAD employees.

Submit to the Business Office when complete.

Cardholder Information

First Name _____ Last Name _____

Last 4 Digits of Social Security Number _____ Cell Phone Number _____

MCAD Email Address _____ MCAD Phone Number/Extension _____

Title/Department _____ Supervisor Name _____

Card and Statement Settings

Monthly Credit Limit* _____ Statement Approver Name (if different from supervisor name) _____

Does this cardholder need to be set up as a statement approver? ☐ Yes ☐ No

If yes, list cardholders that they will be the approver for:

_____ _____

_____ _____

_____ _____

Signatures

Cardholder Signature _____ Date _____

Department Manager Signature _____ Date _____

VP Finance/CFO Signature _____ Date _____
*(if over $5,000 credit limit)

Business Office Use

_____ Received in Business Office
_____ Set up with Bank
_____ User ID
_____ Unique ID
_____ Cardholder Training
_____ Cardholder Agreement Signed
_____ Administrator Initials
_____ Add user to email contact list

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