MINNEAPOLIS COLLEGE of ART and DESIGN

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
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Last 4 Digits of Social Security Number	Cell Phone Number
Last 4 Digits of Social Security Number	Cell Filotie Nutribel
MCAD Email Address	MCAD Phone Number/Extension
MCAD Email Address	MCAD Phone Number/Extension
Title/Department	Supervisor Name
пие/Берагипен	Supervisor Name
Card and Statement Settings	
Card and Statement Settings	
	Statement Approver Name
Monthly Credit Limit*	Statement Approver Name (if different from supervisor name)
Does this cardholder need to be set up as a statem	nent approver? Yes No
If yes, list cardholders that they will be the approver for:	
	
Signatures	
Oignatures	
	
Cardholder Signature	Date
	<u> </u>
Department Manager Signature	Date
VP Finance/CFO Signature *(if over \$5,000 credit limit)	Date
(ii over \$5,000 creat iiiiit)	
Business Office Use	
Received in Business Office	Cardholder Training
Set up with Bank	Cardholder Agreement Signed
User ID Unique ID	Administrator Initials Add user to email contact list
Onlique ID	Add user to email contact list

