

WellsOne Purchasing Card Credit Limit Change Request Form

Use this form to request an change in credit limit on MCAD Wells Fargo credit card for MCAD employees.

Submit to the Business Office when complete.

Cardholder Information

_____	_____
First Name	Last Name
_____	_____
MCAD Email	MCAD Extension
_____	_____
Title	Department Number
_____	_____
Supervisor Name	Department Name

Credit Limit Change Requested

_____	_____
Current Monthly Credit Limit*	New Monthly Credit Limit Requested*
	<input type="checkbox"/> Permanent Change
Reason for Change:	<input type="checkbox"/> Temporary Change until _____

Signatures

_____	_____
Cardholder Signature	Date
_____	_____
Department Manager Signature	Date
_____	_____
AVP Finance or VP Finance/CFO Signature *(if over \$5,000 credit limit)	Date

Business Office Use

_____	Received in Business Office	_____	User ID
_____	Updated in Wells Fargo	_____	Unique ID
_____	Date reset, if temporary		
_____	Date cardholder notified of change		