

WellsOne Purchasing Card Request Form

Use this form to request an 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

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 *(if over \$5,000 credit limit)	Date

Business Office Use

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