

# LOYALIST COLLEGE

## NEW MASTERCARD REQUEST FORM

Please use this form for new Mastercard requests only. For updates to previous cardholder accounts, please see form "Mastercard Change Request".

### New Cardholder Information:

<b>CardHolder Name:</b>
<b>Cardholder Location (Loyalist location):</b> Belleville (Main)
<b>Cardholder Phone # &amp; Extension:</b>
<b>Requested per month limit:</b>
<b>Requested per transaction limit:</b>
<b>Cardholder Birthdate:</b>
<b>Cardholder Department:</b>
<b>Cardholder Manager (person who will approve statements):</b>
<b>Any cardholder direct reports for this new person who have mastercards previously issued (ie: change of managers)</b>
<b>Default GL Unit and Account numbers:</b>

Please forward approved request to Accounting. Cardholder will be contacted when card arrives and will be required to sign for new card on arrival. Card will be for approved college purchases only.

X

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Manager Signature

MANAGER NAME: Mark Kirkpatrick

DATE