

Commercial Card Classic Cardholder Account Form

New Card

Change (Only complete fields to be changed)

Delete/Close

COMPANY INFORMATION

Institution Name SMITH COLLEGE

CARDHOLDER INFORMATION

Cardholder Name _____ Smith College ID 99 # _____

Name Line 2 SMITH COLLEGE Date of Birth _____

Address Line 1 _____ Mother's Maiden Name _____
(Password)

Address Line 2 _____ Work Phone (413) _____

City Northampton State MA Zip Code 01063

BANNER INFORMATION

DEFAULT ACCOUNTING CODE INFORMATION

*Index	**Fund	**Organization	**Account	Program	*Activity	* Location	*Project

*Optional Account Code Information **Mandatory Codes

Name of person to reconciling *procurement card in Banner (Account Manager) _____

Banner INB username (Account Manager): _____ Smith College ID 99# _____

Name of back-up person reconciling procurement card in Banner (Business Manager) _____

Banner INB username (Business Manager): _____ Smith College ID 99# _____

*Designated department individual(s) are required to check correct posting of charges in Banner and, if necessary, re-allocate charges to correct account numbers.

REPORTING HIERARCHY (Required Information)

Supervisor Budget/Reporting Signature _____ Title _____

Supervisor Budget/Reporting Name Print _____

CARDHOLDER APPROVALS

Prepared By _____ Signature _____ Date _____
(Print Cardholder Name)

PROCUREMENT DEPARTMENT - CARDHOLDER CONTROLS

*CARDHOLDERS: PLEASE REMEMBER YOUR PROCUREMENT CARD LIMITS

*Credit Limit (CSL) \$20,000.00 *Single Purchase Limit \$2,000.00

Authorizations per day 10 Transactions per cycle 230

MCC Group 90 Include or Exclude (Circle One)

Approved By Lynn Pelland

Linda Hiesiger

Signature _____ Date _____