

**CARDHOLDER SETUP FORM – VISA PURCHASING CARD**

**Organization Name: University of North Carolina Wilmington**

**CARDHOLDER INFORMATION**

Name on Account:

E-mail:

Cardholder Department:

Cardholder Sub-Department/Program:

Billing Address:

Billing City:

Billing State:

Billing Zip:

Postal Box:

Office Telephone:

Monthly Credit Limit: \$

(Note: Limits of \$10,000 or more require approval of Budget Office)

Single Transaction Limit: \$

(Max \$1000 Without Add'tl Approval)

**UNCW PURCHASING CARD INFORMATION**

Card Coordinator Name Email:

E-mail:

Card Coordinator Back-up Name:

E-mail:

Budget Authority Name:

E-mail:

Budget Authority Designee Name:

E-mail:

Default Fund Org Program:

**-932980**  
(Default Account)

(Other Account)

Additional Fund Org Program:

**Along with assuring legitimate UNCW need and proper handling within the monthly credit limit specified, I verify this prospective cardholder is a permanent employee.**

Cardholder's Supervisor:

\_\_\_\_\_  
(Printed)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

Budget Authority:

\_\_\_\_\_  
(Printed)

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)

Additional Budget Authority:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Purchasing Card Administrator:**

\_\_\_\_\_  
(Signed)

\_\_\_\_\_  
(Date)