



Bank of America

New Cardholder Set up Form

SSN Disclosure: Used to comply with any requirements imposed on the County by banks or credit card companies to verify identities for the issuance of credit cards or Purchasing cards.

C a r d h o l d e r I n f o r m a t i o n					
Bank Number:	2020				
Company Number:					
Company Name:	ESCAMBIA COUNTY, FL BOCC				
Name Line 1:					
Name Line 2:					
Address Line 1:					
Address Line 2:					
City, State, Zip:					
Work Phone:					
Social Security Number <i>(required)</i> :					
Hierarchy Name: <i>Dept. Name</i>					
Hierarchy Number:	55-11771				
Internal Accounting Code:					
Cardholder's Email Address:					
P a r a m e t e r s					
Credit Limit:	\$15,000.00 Monthly				
Single Purchase Limit:	4,999.99				
Bypass Corporate Default SPL:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
DEFAULT MCC PROFILES <i>(choose groups 1-6)</i> :	<input type="checkbox"/> N/A <input type="checkbox"/> Grp1 <input type="checkbox"/> Grp2 <input type="checkbox"/> Grp3 <input type="checkbox"/> Grp4 <input type="checkbox"/> Grp5 <input type="checkbox"/> Grp6				
CUSTOM MCCG NAME 1:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 2:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 3:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 4:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 5:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 6:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 7:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 8:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
CUSTOM MCCG NAME 9:	<input type="checkbox"/> INCLU <input type="checkbox"/> EXCLUD	CycleAmt\$		SPL\$	
M a i l i n g I n s t r u c t i o n s					
Issue Plastic:	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Delivery Method:	<input type="checkbox"/> EXPRESS <input type="checkbox"/> MAIL <input type="checkbox"/> BULK				
Send Cards To:	<input type="checkbox"/> Cardholder At Above Address <input type="checkbox"/> Other (specify address below)				
Name:	ESCAMBIA COUNTY PURCHASING / Lester L. Boyd				
Address:	213 PALAFOX PLACE, 2 nd Floor				
City, State, Zip:	PENSACOLA, FL 32502				
Phone Number:	(850) 595-4944				
Cardholder's Signature <i>(if applicable)</i> :					
Authorized By <i>Pur. Dept. (required)</i> :					
P l e a s e F A X c o m p l e t e d f o r m t o : 6 0 2 - 5 9 7 - 2 9 8 0					