

Escambia County Purchasing Card Maintenance Form



A. General Information

Bank #:

Company Name:

Company#:

Cardholders Name:

Account # (sixteen digits):

B. Standard Changes

Name Change	Address Change
Name Line 1: <input type="text"/>	Address Line 1: <input type="text"/>
Name Line 2: <input type="text"/>	Address Line 2: <input type="text"/>
Reporting Unit Change	City/State/Zip: <input type="text"/>
From: <input type="text"/>	Phone Number Change
To: <input type="text"/>	Phone Number: <input type="text"/>

C. Parameter Changes

Parameter Changes	Cash Advance Changes
<input type="checkbox"/> Credit Limit: <input type="text"/>	Cash Advance Capability: <input type="checkbox"/> ON <input type="checkbox"/> OFF
<input type="checkbox"/> Single Purch Limit: <input type="text"/>	% of Credit Limit: <input type="text"/> %
<input type="checkbox"/> Daily Trans Limit: <input type="text"/>	Send Pin #: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Daily Amount Limit: <input type="text"/>	MCCG Changes
<input type="checkbox"/> Cycle Trans Limit: <input type="text"/>	Group Name: <input type="text"/>
<input type="checkbox"/> Cycle Amount Limit: <input type="text"/>	<input type="checkbox"/> ADD MCC(s) <input type="checkbox"/> DELETE MCC(s)
<input type="checkbox"/> Monthly Trans Limit: <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Monthly Amt Limit: <input type="text"/>	<input type="text"/>
<input type="checkbox"/> Internal Audit Code: <input type="text"/>	<input type="text"/>

Fleet Parameter Changes

Vehicle/Driver Card: <input type="checkbox"/> Vehicle=V <input type="checkbox"/> Driver=D
Product Type Code: <input type="checkbox"/> ID# & Odometer: <input type="checkbox"/> Veh# & Odmtr=2 <input type="checkbox"/> Drvr# & Odmtr=3 <input type="checkbox"/> Odmtr Only=4 <input type="checkbox"/> No Prompts=5
Embossed Fuel Only Code: <input type="checkbox"/> Yes=Y <input type="checkbox"/> No=N
Product Restriction Code: <input type="checkbox"/> Fuel & Other Items= <input type="checkbox"/> Fuel ONLY=2

Miscellaneous Changes

Reorder Convenience Checks: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rewards: <input type="checkbox"/> Yes <input type="checkbox"/> No
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D. Replacement Cards

Express Mail Bulk

Card Replacement	SEND REPLACEMENT CARD TO:
<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Demagnetized <input type="checkbox"/> Not Received	Name: <input type="text"/>
<input type="checkbox"/> Embossing Error <input type="checkbox"/> Mutilated	Address: <input type="text"/>
Cancellation/Reinstatement	City/State/Zip: <input type="text"/>
<input type="checkbox"/> Cancellation <input type="checkbox"/> Reinstatement	Phone Number: <input type="text"/>

Authorized By:

Date: