

Oakdale Joint Unified School District
PURCHASE CARD ACCOUNT FORM
(For new accounts or changes)

Cardholder Name _____ Site _____

Acct Number _____ (n/a if new account)

Is this a new setup or a change to an existing Cardholder? New Change

If this is a change, please only enter those fields that you want to change. If this is for a new account, all fields must be completed.

1. Cardholder's Name (as it will appear on the Card) _____

2. Address (site location) _____

3. City _____

4. State _____

5. Zip _____

6. Phone Number (_____) _____

7. What is the Monthly Credit Limit Requested? \$ _____

8. What is the Single Transaction Limit Requested? \$ _____

Signature of Cardholder

Date

Signature of Site Administrator

Date