

**STATE OF MARYLAND  
CORPORATE PURCHASING CARD PROGRAM  
NEW APPLICATION CARDHOLDER INFORMATION FORM**

**CARDHOLDER INFORMATION**

Agency Name (19 A/N): \_\_\_\_\_ <sup>1</sup>APCPA Name: \_\_\_\_\_

Cardholder Name (33 A/N): \_\_\_\_\_

Address (36 A/N): \_\_\_\_\_

City (25 A): \_\_\_\_\_ State (2 A): \_\_\_\_\_ Zip (5 N): \_\_\_\_\_ Zip-Ext (4 N): \_\_\_\_\_

Telephone Number (10 N): \_\_\_\_\_

**AUTHORIZATION CONTROLS**

Credit Limit: \$ \_\_\_\_\_ Daily # Transactions: \_\_\_\_\_  
 Single Purchase: \$ \_\_\_\_\_ Cycle # Transactions: \_\_\_\_\_

The single purchase limit is \$5,000 or less.

**RESTRICTIONS (By Agency)**

MERCHANT CATEGORY CODE GROUP	MERCHANT CATEGORY CODE ACTION	SINGLE PURCHASE LIMIT
1		
2		
3		
4		

**HIERARCHY INFORMATION**

**ACCOUNT CODE NUMBER (22 A/N):**

FIN. AGY. CODE (3 A/N)	PCA AGENCY (5 A/N)	OBJECT FLAG ("C" or "A")	OBJECT CODE (4 N)	AGENCY USE CODE (6 A/N)	DEFAULT PCA (3 A/N)
M00		A		000000	

Reporting Unit Name: \_\_\_\_\_

**INITIAL CARD MAILING INSTRUCTIONS**

Contact Name (36 A): \_\_\_\_\_

Address (36 A): \_\_\_\_\_

City, State (27 A): \_\_\_\_\_ Zip (9 N): \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Fiscal Officer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Questions should be addressed to the Agency Purchasing Card Program Administrator (APCPA).