

**STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
CARDHOLDER INFORMATION MAINTENANCE FORM**

Indicate VISA Cardholder Account # and Information Changes Only

Action Requested: **Change Information** **Close Account (Retrieve Card & Destroy)**

CARDHOLDER INFORMATION

Effective Date of Action:

VISA Cardholder Account Number - Required for All Actions Requested (16 A/N):

Agency Name (19 A/N):

Contact Name:

Cardholder Name (23 A/N):

Billing Address (36 A/N):

City and State (25 A):

State (2 A)

Zip (5 N):

Zip-Ext (4N):

Telephone Number (10 N):

AUTHORIZATION CONTROLS

Overall Credit Limit: \$
Single Purchase: \$

Expiration date (if any):
Expiration date (if any):

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

RESTRICTIONS (By Agency)

MCCG NAME	MCCG 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)

Reporting Unit Name:

Employee Name: _____ Signature: _____ Date: _____

Agency Fiscal Officer: _____ Signature: _____ Date: _____