



NEW CARDHOLDER ACCOUNT APPLICATION

Cardholder Last Name, First Name _____ 9 DIGIT BANNER ID _____

School/College/Division _____ Date of Birth _____

Please state your official (payroll classification) University title (e.g., Manager I, Asst. Professor, Admin. Assist. II):

Are you a full time employee of Wayne State University? ___ Yes ___ No

Do you reside in the United States or Canada? ___ Yes ___ No

Account or Grant Identification, Description, etc. (Information will appear under name, on face of card):

Campus Address (Street Address)

Line 1: _____

Campus Address (Room and Building Number, if any)

Line 2: _____

City: _____ State: MI Zip: _____ - _____

E- Mail Address _____ Work Phone: _____ Fax: _____

Index _____ FOAPAL String: _____ Fund _____ Org. _____ Acct Code _____ Program _____
(Note: Activity & Location not applicable)

Procurement Card Limits: _____ PER transaction (up to \$2,000.00) _____ PER month (up to \$20,000.00)

Note: Card Holders will be given WayneBuy Punch-out order capability up to \$2,000 and will be given Banner RAPP Inquiry Access.

I agree to be bound by the terms and conditions of the WSU Cardholder Agreement, available online at
http://procurement.wayne.edu/procard/exb_agreement-writable.pdf

Cardholder (Please Print) _____ Signature _____ Date _____

Designated Coordinator (Please Print) _____ Signature _____ Date _____

*** Principal Investigator (Please Print) _____ Signature _____ Date _____ ***

(Signature REQUIRED FOR GRANT PROCUREMENT CARDS ONLY)

Business Manager (Please Print) _____ Signature _____ Date _____

Department Chair/Director (Please Print) _____ Signature _____ Date _____

(Dean /AVP/VP) (Please Print) _____ Signature _____ Date _____

Forward to: Procurement Card Office
Purchasing Department
4200 A/AB

Any questions, please call 313-577-3708