

VISA PURCHASING CARD

Employee Card Application

REQUEST TYPE

Please check one

- Issue Plastic / Emettre une carte
- Do Not Issue Plastics / Ne pas emettre de carte

Please check one

- English/Anglais
- Francais/French

Account Number (For Bank Use Only)

4 7 1 5 1 6

Iloan (for Bank Use Only)

0 0 0

Additional Comments/Instructions

Complete ALL information Fields Below Unless Indicated Otherwise

EMPLOYEE INFORMATION

First & Last Name (Maximum 19 characters)

Embossing

S T F X U N I V E R S I T Y

Department (Client use only)

Department Address

Default Accounting Code

City

A N T I G O N I S H

Province

N S

Postal Code

B 2 G 2 W 5

Home Phone

9 0 2

Employee Number

Business Phone

9 0 2

Fax Number (Client use only)

9 0 2

E-mail Address (Client use only)

Password (For cardholder validation)

Monthly Credit Limit

1 0 0 0 0

Single Transaction Limit

1 5 0 0

Cash Advance%

 0

UNIT INFORMATION

Corporate Billing Information

Company Number Bank Assigned

Division (Numeric)

Department (Numeric)

 0

COMPANY AUTHORIZATION

Employee Signature

Date

Approving Manager's Signature

Date

Plan Administrator Signature

Date

Plan Administrator Signature

Date

(Cathy Mason or Beverly Williams)