

**DENR CARDHOLDER ENROLLMENT FORM  
 ADDITIONAL CARD REQUEST FORM  
ATTACHMENT A**

**PLEASE FILL IN BLANKS:**

Center/Fund Info: 1601-535675-\_\_\_\_\_ Admn. Number: (Acronym for section) - \_\_\_\_\_

Company Name: NC Department of Environment and Natural Resources

Contact Name: Division of Purchase and Services Pcard Administrator

Corporate Account number: \_\_\_\_\_

Type of Request: Maintenance:

- Add Account
- Address / Phone Number Change
- Close Account
- Credit Line Increase/Decrease – change to \$ \_\_\_\_\_
- Replacement Card

**Account Information: Cardholder please fill out:**

Job Position no. or last four digits of SSN: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_  
 (24 character limitation; no punctuation)Printed on the first line of the plastic)

Cardholder's Division: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
 (must be complete) \_\_\_\_\_  
 \_\_\_\_\_

Business Phone number: \_\_\_\_\_ Home Phone number: \_\_\_\_\_

**Single Purchase \$ Limit**     **\$2,500**  
**Monthly Credit \$ Limit**     **\$25,000**

**Authorization:**

Cardholder signature		Date	
<b>Division</b> Card Administrator		Date	
<b>Division</b> Director/Supervisor		Date	

**DIVISION CONTACT, PLEASE RETURN COMPLETED FORM TO:**  
**Division of Purchase and Services**  
**Department Pcard Administrator**  
**1605 Mail Service Center**  
**Raleigh, NC 27699-1605**

Processed by \_\_\_\_\_ Date \_\_\_\_\_