

## MASTERCARD PURCHASING CARD PROGRAM APPLICATION

**Cardholder Information** (Please Print Required Information)

Cardholder Name \_\_\_\_\_ R Number \_\_\_\_\_

SS # (last four digits) \_\_\_\_\_ Department \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail Address \_\_\_\_\_

Business Mailing Address 5001 El Paso Drive

City El Paso State TX Zip 79905

Business Phone \_\_\_\_\_ Banner Fund-Org-Program \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorized By:**

Financial Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Department \_\_\_\_\_

Monthly \$ Limit \_\_\_\_\_ (Not to exceed \$8,000 without prior approval)

Single Purchase Limit (Default is \$5000)

<b>Allocation User</b>	<b>E-mail</b>	<b>Phone</b>
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(Person who maintains records-if cardholder leave blank)

**E-Raider Login**

\_\_\_\_\_

<b>Expense Report Reviewer/Approver</b>	<b>E-mail</b>	<b>Phone</b>
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(Reviews/Approves Cardholder's Expense Report each month)

**E-Raider Login**

\_\_\_\_\_

Please return form to:  
Payment Services Elp  
MSC 51008  
5001 El Paso Dr. 79905

**MASTERCARD PURCHASING CARD PROGRAM CARDHOLDER  
AGREEMENT**

I, \_\_\_\_\_, hereby accept responsibility for the State of Texas  
MasterCard Purchasing Card.

I acknowledge that I have received and read the TTUHSC El Paso Purchasing Card Program  
Operating Policy 72.15.

As a cardholder, I agree to comply with the terms and conditions of this Agreement, including  
the TTUHSC El Paso Purchasing Card Program Operating Policy 72.15. I also understand that  
TTUHSC El Paso is liable to Citibank for all charges and as an agent of TTUHSC El Paso, I  
understand that I am personally responsible and accountable for the proper use of the  
purchasing card.

I agree to use this card for TTUHSC El Paso approved purchases only and agree not to use the  
card for any personal purchases. I understand that TTUHSC El Paso will review the use of this  
card to determine that the credit card procedures and TTUHSC El Paso operating procedures  
are being followed.

I understand that TTUHSC El Paso may terminate my right to use this card at any time for any  
reason. I agree to return the card to TTUHSC El Paso immediately upon request or upon  
termination of employment.

Cardholder Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_