



Store Purchasing Card Application

What you need. What you need to know.

CARDHOLDER INFORMATION

Number of cards requested

- * Please fill out the information below, as you would like it to appear on your card.
- * When requesting more than one card with different line information a separate application is necessary.
- * Each card is mailed to your Account Manager who will in turn present the card to you.

Customer

- Account # (AOPS #):** _____ (Required)
- 1. Company Name:** _____ (Required) Up to 25 Characters
- 2. Cardholder Name:** _____ (Optional) Up to 25 Characters
- 3. P.O. Number:** _____ (Optional)
- 4. Address Sequence#:** _____ (Optional)
- 5. Dept/Cost Ctr Name:** _____ Must be loaded in order entry system

CREDIT INFORMATION:

- 6. Transaction Limit:** \$ _____ (\$ allowed per transaction, \$1,000.00 default)
- 7. Transactions per day:** _____
- 8. Overall daily Limit:** \$ _____ (\$ allowed per transaction, \$1,000.00 default)
- 9 Customer Contact:** _____ Phone #: _____ (Required)

Customer Signature: _____ **Date:** _____ (Required)

PLEASE ALLOW 3 WEEKS FOR APPLICATION PROCESSING.

BSD Contact Information: ***For Office Use Only***

Account Manager: Debby Ferrell (Credit & Billing Liaison) **Location:** 1232

Correct Mailing Address (Please write legibly for more punctual mailing):

5345 Oakbrook Parkway (Street address)
Norcross, Georgia 30093 (City, State, Zip-code)

Phone# 888- 295-0943 EXT. 4068 Fax# 770- 806- 4076

Account Manager's Signature: _____ **Date:** _____ (Required)

Important Notice: No Applications will be processed without a Customer number, Customer signature, Account Manager Signature, BSD contact information and Terms & Conditions signed.

Business Services Division Store Purchasing Card Fax Number: 1-888-438-9066