BANK OF AMERICA PURCHASING CARD SETUP FORM

Reporting Hierarchy _____, _____, _____, _____
        Branch   Department   Division/Office   Unit Name

CARDHOLDER INFORMATION

_____

Cardholder Last Name   **Middle Initial**   **First Name**

                                                              NJ
_____
Business Address   **City**   **State**   **Zip Code**

_____
Email Address

_____   _____
Business Phone Number   **Business Fax Number**

_____   _____   _____
Fund   **Agency**   **Org Code**

AUTHORIZATION PARAMETERS

Cycle Limit $: _____

Dollars per Transaction Limit $: _____

Number of Transactions per Day: _____

CARDHOLDER SIGNATURE

I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify Bank of America at 800-822-5985 immediately if my card is lost or stolen.

_____
Cardholder Signature   **Date**

Approving Agency Program Administrator's Signature _____**Date**_____

Approving Agency Program Administrator's Name(Printed) _____**Date**_____