



The City of Hartford Bank of America P-Card Application



**CORPORATE PURCHASING CARD
CARDHOLDER NEW ACCOUNT**

INSTRUCTIONS: Use this form to designate a new Cardholder.

A. COMPANY/CARDHOLDER INFORMATION

Company Name **CITY OF HARTFORD**

Company Number **6624624**

(As it should appear on the card in 25 characters, spaces or less - no symbols or punctuation)

Cardholder Name:

(As it should appear on the card in 25 characters, spaces or less - no symbols or punctuation)

E-Mail Address:

B. INFORMATION FOR CARD SECURITY

Work Phone Number:

Last 4 SS#

Employee ID #

Department #

Employee Org. #

C. AUTHORIZED LIMITS

(Check Unlimited, If Applicable)

Single Transaction Limit

(whole dollars - numeric)

Cycle Spending Limit

(whole dollars - numeric)

TravelCard

CommodityCard

Department

Division

Combined Card (Dept. Heads only)

D. REPORTING HIERARCHY

Supervisor Name:

Coordinator name

Coordinator E-mail:

CITY OF HARTFORD AUTHORIZATION

Applicant Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Program Administrator Signature: _____ Date: _____

**Email completed form to: PCards@Hartford.Gov
Any Questions Please call Susan Sheppard (860)-757-9616**

Last 4 Digits of card issued: