



OFFICE OF THE COMPTROLLER
NEW PROCUREMENT CARD COMPANY SETUP FORM

General Information		
Company Name Name of Department Requesting Card		
Contact Name		
Contact Phone Number		
Contact Email Address		
Physical Address		
Physical Address Line 1 Address of Department Requesting Card		
Physical Address Line 2 Address of Department Requesting Card		
City	State	Zip
Mailing Address		
Mailing Address Line 1		
Mailing Address Line 2		
City	State	Zip

Default Information
Default Cardholder Name Line 2 Optional
MA TAX EXEMPT ID 04002284



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Billing Information
Billing Cycle Day of the Month between 4 th and 27 th 27 th
Billing Type Corporate
Settlement Method EFT
Send Memo Statements to Cardholder No
Number of Days from Billing Cycle to PMT Due Date 25
Billing Frequency Monthly

Company Credit Limit CTR use only	
Department Head Approval Required	Date
Chief Fiscal Officer Approval Required	Date

Please see the [Commonwealth Procurement Card Program](#) for information on how to use this form.