



OFFICE OF THE COMPTROLLER

NEW PROCUREMENT CARDHOLDER SETUP FORM

Card Holder Information		
16 Digit Bank of America Corporate Account Number		
Company Name Name Of Department Requesting Card		
Name Line 1 Of Cardholder		
Name Line 2		
MA TAX EXMPT ID 046002284		
Work Address Line 1 Of Cardholder		
Work Address Line 2 Of Cardholder		
City	State	Zip
Work Phone Of Cardholder		
Employee ID Of Cardholder		
Hierarchy Number (7 Digits Company Number)		
6602832		
Email Address Of Cardholder		

Parameters	
Credit Limit	
Single Purchase Limit	
Requesting Merchant Category Code Profiles (‘No’ signifies basic Credit Card Setup)	
Yes	No



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Mailing Instructions		
Issue Plastic		
Delivery Method		
Send Cards To		
Name		
Address		
City	State	Zip
Phone Number		

Chief Fiscal Officer Approval Required	Date
Print Name Required	
Department Head Approval (Only Required if the Chief Fiscal Officer or the Department Head requested a card for herself/himself)	Date
Print Name Required	