



Application For New Account

**UNITED COMMERCIAL CARD SETUP FORM
LOCAL GOVERNMENT PURCHASING CARD PROGRAM**

The Entity Program Coordinator and the Cardholder must complete and sign this form. The Entity below agrees to be bound by the terms and the conditions of the Local Government Purchasing Card Participation Agreement and to be responsible for all charges made by this cardholder in accordance with the terms of this agreement.

(1)

Entity Name _____
(Maximum 25 characters)

Cardholder Name _____
(Maximum 26 characters)

4TH Line Embossing _____ Tax ID# _____
(Maximum 10 characters) (Maximum 9 characters)

Cardholder Statement Mailing Address _____
(Maximum 26 characters)

City, State Zip _____

Cardholder Business Telephone Number _____ Fax Number _____

Home/Cell Number _____ Email Address _____ Date of Birth (2) _____
MMDYY

Mother's Maiden Name (3) _____ Entity ID (4) _____ Employee ID (5) _____

(6)CARD TYPE

Local Government Card School Board Card Ghost Account Emergency Card Other

AUTHORIZATION / REPORTING PARAMETERS

(7)

Credit Limit _____ Single Transaction Limit _____ # of Transactions Per Day _____
(Standard 20)

Card Restrictions (if any) _____

D.Cal Access Yes No Cardholder Administrative Approver

This account should roll up to Billing Account # _____ (last 4 digits only)

(8)

*Level Description _____
(Level 3) (Level 4) (Level 5) (Level 6) (Level 7)

*See instructions for completing Level Descriptions.

CARDHOLDER SIGNATURE

(9)

I, the cardholder, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the United Bank Local Government Purchasing Card Account Agreement that will accompany the card. I understand that it is my responsibility to notify United Bank at 800.242.7600 and my Program Coordinator immediately if my card is lost or stolen.

Cardholder Signature _____ Date _____

PROGRAM COORDINATOR SIGNATURE AND CONTACT INFORMATION

(10)

Program Coordinator's Signature _____ Date _____

Program Coordinator's Name (printed) _____ Date _____

Program Coordinator's Business Phone Number _____ Fax _____

Program Coordinator's Email Address _____ PIN # (issued by WVSAO) _____

WVSAO Purchasing Card Administration Signature _____

Numbers in parentheses correspond to numbers on guide sheet