

**INSTRUCTIONS FOR COMPLETING
CARDHOLDER SETUP FORM**

Company Number: Get from Billing Official

Cardholder Name: First, middle initial, last name

Dept/Office/Agency Name: OFFICE SYMBOL (e.g., ATZC-DOC)

Address 1: Unit name (e.g., D Btry, 2-1 ADA)

Address 2: Bldg. Number and street address
(e.g., BLDG 2021 CLUB ROAD) NO PERSONAL ADDRESSES

City: Fort Bliss State: TX

Zip: 79916-6812 for all except P.O. boxes

Phone number: Area code included (e.g., 915-568-3995)

User field 2: LEAVE BLANK

MAT code: Enter 1 code only

Single purchase limit: Set by billing official.
CANNOT EXCEED \$2,500

30-Day limit: Set by billing official

Card suppression: N IMPAC check: N

IMPAC check single purchase limit: LEAVE BLANK

Master accounting code: Set by budget officer. PLEASE
NOTE, THE ACCOUNTING CODE MUST BE CERTIFIED BY THE BUDGET
OFFICER/BUDGET ANALYST

E-mail address: Please provide if you have one.

Alternate phone number: Please provide if you have one.

Fax number: Include area code.

Employee ID: LEAVE BLANK Tax exempt number: LEAVE BLANK

REST OF FORM IS LEFT BLANK

