

Fax: 401-874-4825  
Email: PCARD@etal.uri.edu

Send to: [Pcard@etal.uri.edu](mailto:Pcard@etal.uri.edu)

**Applicant/Cardholder Information:**

First Name:	Middle Initial:	Last Name:
Email:	Business Phone #: ( )	Employee ID#:
Department:	Date of Birth:	Country of Citizenship:
Mother's Maiden Name:		

**Applicant's Complete Business Mailing Address:**

Building & Room #:	Street Address:		
City:	State:	Country:	Zip Code:

***Applicant's Home Address***

Street Address:		
City:	State:	Zip:

**The following signatures are required:**

Applicant Signature	Date
Direct Supervisor (Print)	(Signature)
Dean, Director, or Dept. Head, as applicable (Print)	(Signature)

**To be filled out by the Office of Strategic Procurement:**

MCC Codes _____	Single Transaction Limit \$ _____	Monthly Credit Limit \$ _____
Office of Strategic Procurement (Signature)		Date