

CARDHOLDER REQUEST FOR PURCHASE CARD

Cardholder Information:

**All fields are required information*

Name: _____

(Name listed above must match the applicant's name on record with the USDA's HR Department)

Agency/Division/Office: _____

(21 characters max)

Third Line Embossing: _____

(The first 8 characters will be embossed on the card)

Address 1: _____

(36 characters max)

Address 2: _____

(35 characters max)

City: _____ State: _____ Zipcode: _____

Telephone No.: _____ E-mail Address: _____

Single Purchase Limit: _____ Monthly Office Limit: _____

Accounting Segments: _____ ***BOC: 2670**

(Copy & Paste the Line of Accounting directly from Access Online)

Are Convenience Checks necessary: () Yes () No APC/LAPC: () Yes () No AO: () Yes () No

Copy of AXOL Training Certificate attached: () Yes () No

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

Signature of Cardholder

Date

Approving Official Information:

Name: _____

Agency/Division/Office: _____

Address: _____

City: _____ State: _____ Zip code: _____

Telephone No.: _____ E-mail Address: _____

Copy of AXOL Training Certificate attached: () Yes () No

I certify that I have completed all required training, understand the regulations and procedures, and know the consequences of inappropriate actions.

Signature of Approving Official

Date

For LAPC/APC use only:

Agent _____ Company _____ Division _____ Department _____

Level1: _____ Level2: _____ Level3: _____ Level4: _____ Level5: _____ Level6: _____ Level7: _____

Rec'd Date: _____ Reject Date: _____

Reject Reason: () Incomplete (missing information) () Other _____