



Multi Payment Store Purchasing Card Application

BSD CLIENT INFORMATION:

Number of Cards Requested

ACCOUNT MANAGER

Please complete the information below as it should appear on the card. When requesting more than one card with different line information, a separate application is necessary.

Customer account #: _____ **x** (Required)

Company Name: _____ **x** (Required) Up to 25 Characters

P.O. Number: _____ **x**

Dept./Cost Ctr Name: _____ **x**

Address Sequence # _____ **x**

Default card(s) to address sequence _____ **x**

Does address need to be added to account _____

Link card to above address _____

(If not specified, card will be defaulted to address sequence 1.) _____

Payment type (A, B or O) _____ **x**

'A' = AB- Account Billing

'B' = Both Account Billing and Other Tenders (cash, check, credit card)

'O' = Other Tender only No Account Billing (cash, check, credit card)

TRANSACTION INFORMATION: Not Applicable for 'Other tender only' payment type

Transaction Dollar Limit: \$ _____ **x** (\$ allowed per transaction, \$1000.00 default)

Transactions Allowed Per Day: _____ **x** (Minimum is 5)

Overall Daily Transaction Limit: \$ _____ **x** (\$ allowed per day, \$1000.00 default)

Customer Contact: _____ **x** **Phone #:** _____ (Required)

Mail card/cards to the Acct Manager _____ **x**

(if box is unchecked all cards will be mailed to customer)

CUSTOMER

Cardholder Name: _____ **x** (Optional) Up to 25 Characters

Customer Address _____ **x**

City, State, Zip / Postal Code _____ **x**

Phone # _____ **x**

Customer Signature _____ **x** **Date:** _____ (Required)

x - indicates lines to be completed by client

INTERNAL USE ONLY

PLEASE ALLOW 3 WEEKS FOR APPLICATION PROCESSING.

BSD CONTACT INFORMATION:

*** For Office Use Only ***

Account Manager: _____ **Location:** _____
(select your location)

Correct Mailing Address (Please write legibly for more punctual mailing):

(Street address)

(City, State, Zip-code)

Phone #: _____ EXT. _____ **Fax#** _____

EMAIL: _____

Account Manager's Signature: _____ **Date:** _____ (Required)

Important Notice: No Applications will be processed without a customer number, Customer signature, Account Manager Signature, BSD contact information and signed Terms of Conditions.

For 100+ endusers, please see the BSD intranet for automated registration process and form.

888-438-9066

PLEASE NOTE:

Both Pages of Application Must be completed in order to process the application. **Thank you!**