



**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT
TRAVEL CARD CARDHOLDER AGREEMENT AND SETUP FORM**

Check one: State Agency/University Governing Authority School District

SECTION I INSTRUCTIONS

- To add a new account or make changes, select the appropriate change in Section II. NOTE: Sections III and IV may be completed by the Cardholder, while Sections II, V & VI shall be completed by the Entity.
- Maintain a copy in the Cardholder and Program Coordinator's files.
- Email this document (along with other pertinent information) to laurie.pierce@dfa.ms.gov.

SECTION II REPORTING PARAMETERS

- New Cardless Account
- New Carded Account
- New Department Card Account
- Issue Replacement Card
- Modify Account Information
- Lost/Stolen Replacement Card

OPTFM Use Only

Entity Number	Authorization Strategy
OPTFM Travel Card Administrator	Date

SECTION III CARDHOLDER'S INFORMATION (Please Print)

Account Number _____	Cardholder's First Name, Middle Initial _____	Cardholder's Last Name _____
Entity Name (maximum 21 characters) _____	Business Telephone Number _____	
2 nd Line Embossing (maximum 21 characters/data on Front of Card) _____	Fax Number _____	
Entity Mailing Address Line 1 (maximum 36 characters) _____	Last 4 digits of Social Security Number _____	
Entity Mailing Address Line 2 (maximum 36 characters) _____	Position _____	
City _____	State _____	Zip _____
Email Address _____		Control Account No. _____

SECTION IV CARDHOLDER'S SIGNATURE

I understand that the Card is monitored and it is to be used for authorized and official purchases only according to the Entity with which I am employed and the Office of Purchasing, Travel and Fleet Management's policies. I agree that use of this account if approved will be in compliance with the Travel Card Program rules and regulations as set forth by the Office of Purchasing, Travel and Fleet Management, as well as applicable state laws. I agree that the account will not be used for personal purposes at any time and understand that the account use can be revoked at any time. I agree that if this is an individual cardholder account, only my expenses may be charged. I understand that it is my responsibility to notify the Bank, Entity, and Travel Manager if my card is lost or stolen.

Cardholder Signature _____ Date _____

SECTION V AUTHORIZATION PARAMETERS – Select one of the below credit limits

<input type="checkbox"/> Monthly Credit \$ 30,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit Limit \$20,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit Limit \$10,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit Limit \$5,000 Single Transaction Limit \$ _____
<input type="checkbox"/> Monthly Credit \$1,000 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit \$500 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit \$100 Single Transaction Limit \$ _____	<input type="checkbox"/> Monthly Credit \$ _____ Single Transaction Limit \$ _____

SECTION VI ENTITY PROGRAM COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER

Approving Entity Program Coordinator's Name (printed) _____
Approving Entity Program Coordinator's Signature _____ Date _____