

**Credit Card Application/Change Request****New Card**

- ☐ Visa  
☐ Fleet Fuel  
☐ Other

**Type of Card or Change**

- ☐ Permanent  
☐ Temporary

**Credit Limit:**

\$ \_\_\_\_\_

Starts \_\_\_\_\_

Ends \_\_\_\_\_

Credit Limit Change

**Requester's Information**Requester's **FULL** Legal Name: \_\_\_\_\_

(First)

(MI)

(Last)

Requester's Department and Title: \_\_\_\_\_

Requester's Signature and Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Requester's Cell Phone Number: \_\_\_\_\_ Department GL Account: \_\_\_\_\_

**Manager/VP Approval**Manager's Name: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Divisional VP's Name: \_\_\_\_\_  
(Print)

Date: \_\_\_\_\_

Divisional VP Signature: \_\_\_\_\_

***Once signed by the requester's supervisor and Divisional VP, send to the VP of Finance and Administration/CFO. Please do not send to the Accounting Office, it will not be processed.***

***Please send questions to [creditcardsupport@linfield.edu](mailto:creditcardsupport@linfield.edu).***

**Vice President Finance Administration / CFO**

Approval required before card can be ordered

Date: \_\_\_\_\_

Signature VP Finance Administration/CFO