



*Controller/Accounting Office*

*Campus Mail: Unit A512*

*Location: Melrose 112*

*Fax: 503.883.2630*

*Phone: 503.883.2608 or 503.883.2780*

**Email: [creditcardsupport@linfield.edu](mailto:creditcardsupport@linfield.edu)**

### Credit Card Application/ Change Request

**New Card**

VISA

Fleet Fuel

Other

\$ \_\_\_\_\_  
(Credit Limit)

**Temporary Card**

VISA

\$ \_\_\_\_\_  
(Credit Limit)

Start \_\_\_\_\_ End \_\_\_\_\_

**Increase**

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

Permanent

Temporary

Start \_\_\_\_\_ End \_\_\_\_\_

#### Requester's Information

Requester (Full legal name) \_\_\_\_\_ Department \_\_\_\_\_  
(Print)

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

Requester's Cell/Home Phone Number \_\_\_\_\_ Date \_\_\_\_\_  
(in case of emergency)

#### Manager/VP Approval

Manager's Name \_\_\_\_\_  
(Print)

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Divisional VP Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Vice President Finance Administration/CFO

Approval required before card can be ordered

\_\_\_\_\_  
VP Finance Administration/CFO Signature Date