



Controller/Accounting Office  
 Campus Mail: Unit A512 Location: Melrose 112  
 Phone: 503-883-2608 or 503-883-2459  
 Email: creditcardsupport@linfield.edu

## Credit Card Application/Change Request

**New Card**

- Visa
- Fleet Fuel
- Other

**Type of Card**

- Permanent
- Temporary

**Credit Limit:**

\$ \_\_\_\_\_  
 Starts \_\_\_\_\_  
 Ends \_\_\_\_\_

### Requester's Information

Requester's **FULL** Legal Name: \_\_\_\_\_  
(First) (Middle) (Last)

Requester's Title: \_\_\_\_\_

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Cell Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_ **Department GL Account Number:** \_\_\_\_\_

### Manager/VP Approval

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

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

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

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

### Vice President Finance Administration / CFO

Approval required before card can be ordered

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

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