

VISA PURCHASING CARD

Employee Card Application

REQUEST TYPE

Please check one

- Issue Plastic / Emettre une carte
- Do Not Issue Plastics / Ne pas emettre de carte

Please check one

- English/Anglais
- Francais/French

Account Number (For Bank Use Only)

4	7	1	5	1	6														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Loan (for Bank Use Only)

													0	0	0
--	--	--	--	--	--	--	--	--	--	--	--	--	---	---	---

Additional Comments/Instructions

Complete ALL information Fields Below Unless Indicated Otherwise

EMPLOYEE INFORMATION

First & Last Name (Maximum 19 characters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Embossing

S	T	F	X																
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Department (Client use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Department Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Default Accounting Code

				-					
--	--	--	--	---	--	--	--	--	--

City

A	N	T	I	G	O	N	I	S	H										
---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--

Province

N	S
---	---

Postal Code

B	2	G		2	W	5
---	---	---	--	---	---	---

Home Phone

9	0	2							
---	---	---	--	--	--	--	--	--	--

Employee Number

--	--	--	--	--	--	--	--	--	--

Business Phone

9	0	2							
---	---	---	--	--	--	--	--	--	--

Fax Number (Client use only)

9	0	2							
---	---	---	--	--	--	--	--	--	--

E-mail Address (Client use only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Password (For cardholder validation)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Monthly Credit Limit

1	0	0	0	0
---	---	---	---	---

Single Transaction Limit

		1	5	0	0
--	--	---	---	---	---

Cash Advance%

				0
--	--	--	--	---

UNIT INFORMATION

Corporate Billing Information

Company Number Bank Assigned

--	--	--	--	--

Division (Numeric)

--	--	--	--	--

Department (Numeric)

				0
--	--	--	--	---

COMPANY AUTHORIZATION

Employee Signature _____

Date _____

Approving Manager's Signature _____

Date _____

Plan Administrator Signature _____

Date _____

Plan Administrator Signature _____

Date _____

(Bev Williams or Shauna Leonard)