

CARDHOLDER SETUP

Purchasing CPP (DoD)

Agent Number _____
(Leave blank if Cardholder Setup
is sent with Agency Setup)

Company Number _____
(Leave blank if Cardholder Setup
is sent with Billing Official Level Setup)

BO Name: _____

Cardholder Information: (Complete all information, unless indicated as optional)

Cardholder Name: _____
(Name 1) (max. 24 char.)

Dept./Office/Agency Name: _____ (✓) Emboss Name Yes No
(Name 2) (max. 20 char.)

Address 1: _____
(max. 30 char.)

Address 2: _____
(Optional) (max. 35 char.)

City: _____ State: _____
(max. 25 char.)

Zip: _____ Country: _____
(max. 10 char.)

Phone Number: _____
(max. 10 char.)

User Field 2: _____
(Optional, first eight (8) characters embossed on plastic)(max. 15 char.)

MAT Code*: _____
(*Use this field if only one MAT Code. Use page 3 if more than
one MAT Code needed.)

Single Purchase Limit: \$ _____

30-Day Limit: \$ _____
(Credit Limit)

Card Suppression (Indicate Y = Yes, N = No): _____

I.M.P.A.C. Check (Indicate Y = Yes, N = No): _____ ⇨ I.M.P.A.C Check Single Purchase Limit: \$ _____

Reporting Levels:

Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____
Level 5: _____ Level 6: _____ Level 7: _____

Master Accounting Code: _____
(Optional) (max. 75 char.) (First 25 characters of Accounting Code)

(Second 25 characters of Accounting Code)

(Third 25 characters of Accounting Code)

Form Submitted by:

Signature _____
Print Name _____
Phone _____
Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Rec'd Date: _____ Input Date: _____

Completed By: _____

Review Date: _____ Reviewed By: _____

Reject Reason: _____ Reject Date: _____

Incomplete (missing information circled or highlighted)

Other _____

CARDHOLDER SETUP (cont.)

Purchasing CPP (DoD)

Page 2

Optional Cardholder Setup Information:

E-mail Address: _____
(max. 60 char.)

Alternate Phone Number: _____
(max 18 char.)

Fax Number: _____
(max 18 char.)

Employee ID: _____
(max 20 char.)

Tax Exempt Number: _____
(max 20 char.)

Optional Cardholder Authorization Controls:

Daily Transaction Limit: _____	Daily Purchase Limit: \$ _____, _____, _____, _____
Cycle Transaction Limit: _____	Cycle Purchase Limit: \$ _____, _____, _____, _____
Monthly Transaction Limit: _____	Monthly Purchase Limit: \$ _____, _____, _____, _____
Quarterly Transaction Limit: _____	Quarterly Purchase Limit: \$ _____, _____, _____, _____
Annual Transaction Limit: _____	Annual Purchase Limit: \$ _____, _____, _____, _____

Form Submitted by:

Signature _____
Print Name _____
Phone _____
Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Rec'd Date: _____ Input Date: _____
Completed By: _____
Review Date: _____ Reviewed By: _____
Reject Reason: _____ Reject Date: _____
 Incomplete (missing information circled or highlighted)
 Other _____

CARDHOLDER SETUP (cont.)

Purchasing CPP (DoD)

Optional Cardholder Setup Information:

Optional Cardholder Authorization Controls

MAT Code 1 _ _ _ _ _
Daily Transaction Limit: _ _ _ _ _ (Default: 9)
Cycle Transaction Limit: _ _ _ _ _
Monthly Transaction Limit: _ _ _ _ _
Quarterly Transaction Limit: _ _ _ _ _
Annual Transaction Limit: _ _ _ _ _

Single Purchase Limit: \$ _ , _ _ _ , _ _ _ _
Daily Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Cycle Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Monthly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Quarterly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Annual Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _

MAT Code 2 _ _ _ _ _
Daily Transaction Limit: _ _ _ _ _ (Default: 9)
Cycle Transaction Limit: _ _ _ _ _
Monthly Transaction Limit: _ _ _ _ _
Quarterly Transaction Limit: _ _ _ _ _
Annual Transaction Limit: _ _ _ _ _

Single Purchase Limit: \$ _ , _ _ _ , _ _ _ _
Daily Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Cycle Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Monthly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Quarterly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Annual Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _

MAT Code 3 _ _ _ _ _
Daily Transaction Limit: _ _ _ _ _ (Default: 9)
Cycle Transaction Limit: _ _ _ _ _
Monthly Transaction Limit: _ _ _ _ _
Quarterly Transaction Limit: _ _ _ _ _
Annual Transaction Limit: _ _ _ _ _

Single Purchase Limit: \$ _ , _ _ _ , _ _ _ _
Daily Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Cycle Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Monthly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Quarterly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Annual Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _

MAT Code 4 _ _ _ _ _
Daily Transaction Limit: _ _ _ _ _ (Default: 9)
Cycle Transaction Limit: _ _ _ _ _
Monthly Transaction Limit: _ _ _ _ _
Quarterly Transaction Limit: _ _ _ _ _
Annual Transaction Limit: _ _ _ _ _

Single Purchase Limit: \$ _ , _ _ _ , _ _ _ _
Daily Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Cycle Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Monthly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Quarterly Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _
Annual Purchase Limit: \$ _ , _ _ _ , _ _ _ _ , _ _ _ _

*** Please note the lower Single Purchase Limit will take precedent on SIC categories that are common between MAT codes.

Form Submitted by:

Signature _____
Print Name _____
Phone _____
Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Rec'd Date: _____ Input Date: _____
Completed By: _____
Review Date: _____ Reviewed By: _____
Reject Reason: Reject Date: _____
 Incomplete (missing information circled or highlighted)
 Other _____

MAIL REQUEST TO:
I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347

FAX REQUEST TO: 701-461-3466
☎ 888-99-IMPAC (888-994-6722)

