

CARDHOLDER MAINTENANCE

Purchasing CPP (DoD)

Page 1

Type of Maintenance: (Check all that apply)

Change Move to New Billing Official >>Company Number: _____ Cancellation Purge from Reporting

Agent Number _____ Company Number _____

Cardholder Name _____
(As it appears on CPP system) (First) (M.I.) (Last)

Account Number _____

Fill in Only the Information Below to be Changed

Cardholder Information to be Changed:

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: _____
(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)

Reissue Request:

(✓) Check all that Apply
 Reissue Card Reissue Checks Re-open Account

I.M.P.A.C. Check Setup Request:

Add I.M.P.A.C. Check to Existing Account ⇔ I.M.P.A.C. Check Single Purchase Limit \$ _____

Reporting Levels:

Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____

Level 1: _____ Level 6: _____ Level 7: _____

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 MAINTENANCE (cont.)

Purchasing CPP

Account #: _____

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)

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 Control Information to be Changed:

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 _____