## 11- logoClearSchool District of Holmen

### Corporate Credit Card Application Form

**Cardholder Name**: Click here to enter text. (Name should match identification forms)

**Date of Birth:** Click here to enter text. (Only required on initial applications)

**School/Location**: Click here to enter text.

**Initial Card Maximum Transaction Limit: $1,000 Initial Card Monthly Credit Limit: $1,000**

**To Change Card Limit**

**Maximum Transaction Limit**: Click here to enter text. (Cannot exceed the monthly credit limit)

**Monthly Credit Limit:** Click here to enter text. (Max $5,000 per card unless approved)

I have received the School District of Holmen Corporate Credit Card Management Practices and Corporate Credit Cardholder Agreement. I understand my responsibilities and understand that failure to follow the rules and requirements may result in a loss of purchasing card privileges, disciplinary action and/or termination.

Employee Signature Date

Employee Printed Name

Administrator/Supervisor Signature Date

Director of Business Services Signature Date