

**UNM FCARD  
APPLICATION FOR FCARD**

Vehicle Unit #: \_\_\_\_\_ License: \_\_\_\_\_  
 Year: \_\_\_\_\_ Model: \_\_\_\_\_  
 Make: \_\_\_\_\_ Division: \_\_\_\_\_  
 Department: \_\_\_\_\_ Org Code: \_\_\_\_\_  
 UNM Mail Stop Code: \_\_\_\_\_ Campus: \_\_\_\_\_  
 UNM Phone: \_\_\_\_\_

**Card Limits**

Credit Limit (Dollar Limit Monthly):	\$
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Please select one of the following Fleet Card Restriction Groups

	\$100	Per Trans	\$200	Daily Limit
	\$200	Per Trans	\$400	Daily Limit

We, the undersigned, request the above vehicle be issued a Fleet Card based on the above information. We have read the Fleet Card Agreement and agree to all the terms and conditions stated therein.

**Signature**

**Printed Name & Title**

**Date**

Dean, Director/Dept Head: \_\_\_\_\_

Responsible Party's Supervisor: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

Email: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Purchasing Approval: \_\_\_\_\_ Date: \_\_\_\_\_