

**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: _____