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

Card Default:

<table>
<thead>
<tr>
<th>UNM Default Index Code:</th>
<th>UNM Default Account Code:</th>
</tr>
</thead>
</table>

Card Limits

<table>
<thead>
<tr>
<th>Weekly Credit Limit:</th>
<th>$</th>
</tr>
</thead>
</table>

Please select one of the following Fleet Card Restriction Groups

<table>
<thead>
<tr>
<th>$100 Per Trans</th>
<th>$200 Daily Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$200 Per Trans</td>
<td>$400 Daily Limit</td>
</tr>
</tbody>
</table>

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. UNM Departments are ultimately responsible and accountable for all the activity that occurs on their FCard.

Signature | Printed Name & Title | Date
---|----------------------|---
Dean, Director/Dept Head: __________________________ | __________________________ | __________
Responsible Party’s Supervisor: __________________________ | __________________________ | __________
Responsible Party: __________________________ | __________________________ | __________
Responsible Party Email: __________________________
Responsible Party Banner Id: __________________________

PCard Approval: __________________________ | Date: ________________