UNM FCARD

MODIFICATION OF FCARD INFORMATION

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

Card Limits

<table>
<thead>
<tr>
<th>Credit Limit (Dollar Limit Monthly):</th>
<th>$</th>
</tr>
</thead>
</table>

Please select one of the following Fleet Card Restriction Groups

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

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: ___________