LUBBOCK COUNTY PURCHASING CARD REQUEST FORM
ACCOUNTING AND CARD INFORMATION RECORD

TYPE OF REQUEST

☐ Add/New Account
☐ Temporary Credit Limit Change

☐ Delete/Closed Account
☐ Lost/Stolen Card

ACCOUNT INFORMATION

Name: ________________________________
Department Number/Name: ______________
Work Number: __________________________ E-mail address __________________________
Monthly Credit Limit: __________________ Structure:

☐ $500 ☐ $1,000 ☐ $1,500 ☐ $2,000 ☐ $2,500

Monthly Credit Limit in excess of $2,500 requires Commissioner’s Court action. You must provide
Court Minutes for approval!
Types of Usage Allowed: __________________________

AUTHORIZED

Employee Name (print) _____________________ Employee Signature ______________________ Date

Department Director Name (print) ______________ Department Director Signature ____________ Date

Credit Card Manager Name (print) ______________ Credit Card Manager Signature ____________ Date

INSTRUCTIONS ON HOW TO COMPLETE FORM

NEW ACCOUNT
1. Indicate “New Account” under type of request
2. Complete Account Information and obtain Authorization signatures
3. Return to Credit Card Manager

ACCOUNT CLOSURE
1. Indicate “Close Account” under type of request
2. Last 4 digits of Account # __________________________
3. Employee and/or Department Director print and sign name under Authorization
4. Return to Credit Card Manager