

UNO Group Card Cardholder Application Form

CARD INFORMATION:

Company: University of Nebraska at Omaha
Second Embossed Line: Sales Tax Exempt #05-0292141

PERSONAL INFORMATION:

Cardholder Name: _____
Department Name: _____
Campus Address: _____
City, State, Zip Code: _____
E-Mail Address: _____
Business Phone: _____
Personnel #: _____

CARD LIMITS:

Spending Limit Per Billing Cycle: \$10,000 Other Amount _____
Transaction Limit \$4,999 Other Amount _____
Cash Advance Option Needed

DEFAULT COST OBJECT (for billing):

Reconciler Name: David Miller

Phone Number: 402.554.2320

Cardholder Signature & Date:

Approving Official Signature & Date:
