



**STATE OF OREGON
STATE P-CARD OF OREGON TRANSACTION SYSTEM (SPOTS)
PURCHASE CARD APPLICATION AND AGREEMENT**



Agency Name

This form must be signed by the Cardholder, Card Custodian, or Designated Card User prior to issuance and/or use of the SPOTS card.

Check appropriate box(es):

- Cardholder
- Card Custodian
- Designated Card User

By signing this application and agreement, I agree I fully understand the obligations and conditions of SPOTS card use. I will abide by all the guidelines specified in Oregon Accounting Manual 55.30.00, *SPOTS Purchase Card Program*; and my agency policies and procedures.

Printed Employee Name	Employee Signature	Date
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Printed Manager Name	Manager Signature	Date
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Printed Approving Officer Name	Approving Officer Signature	Date
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Additional Agency Information (optional):

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Check Appropriate Box:

- Individual Card
- Department Card
- Emergency Response Card (ERC)

Type of Request:

- New Account
- Add Designated Card User
- Account Maintenance
- Other _____

Card Information

Authorization Limits (FBS approval required for amounts above \$50,000)

\$ _____ \$ _____
Monthly Credit Limit Single Transaction Limit Full Legal Name* (Not embossed on card)

Demographic Information * = required

First Name* – 12 characters Middle Initial Last Name* – 17 characters
(Embossed on card) (Embossed on card) (Embossed on card)

Address 1* Address 2

City* State* ZIP Code*

Work phone* Other phone (optional)

Email* User ID (optional)

OR Number* 9 numeric characters – use 00 instead of "OR" for the first two characters of this field.
Enter modified OR# as SSN under "Show Optional Fields." Do not enter actual SSN.

Following signatures required if Monthly Credit Limit exceeds \$50,000

Approving Officer _____

FBS Manager _____

SPOTS Administration — Access Online

Hierarchy Position

Agent # Company # Division # Department # Organization Name

Default Accounting Code (Optional)

Index PCA AOBJ Other

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