

Regions Purchasing Card Cardholder Registration Form

| Cardholder Information | | | | |
|--|---|-----------------------------|-----------------------|------------------|
| Employee Name | | Company Name | | |
| Business Telephone Number | | Company Contact | | |
| Social Security # | | Address | | |
| Date of Birth | | City, State, ZIP Code | | |
| Email Address | | Telephone # | | |
| Statement Mailing | | Purchase Limits | | |
| Text on Card/4 th Line | | Single Transaction | \$ | Monthly Limit \$ |
| Mailing Address | | Cash Advance | \$ | *Card Expiration |
| City | | Velocity Limits | | |
| State | | Daily | | |
| ZIP Code | | Monthly | | |
| Ledger | | | | |
| Cost Center | | (M) G/L Number | (H) G/L Number | |
| Department Name | | | | Employee ID # |
| Signatures | | | | |
| Employee (Print) | | (Sign) | Date | |
| Approving Mgr. (Print) | | (Sign) | Date | |
| TO BE COMPLETED BY BANK (Please print or type) | | | | |
| Bank Name: REGIONS | | | | |
| <input type="checkbox"/> Special Handling Code | | | | |
| Corp: DG | BIN: 471575 | Prod/Sub-Prod: PUR 001 | Type Prod: 10 | Com Ind: I |
| Company #: | Inv Freq: | Central Bill Account #: | | |
| Card Type: V | Inst ID: | # Cards: 1 | Cred Assoc 9 | Annual Fee: |
| Bill Day: | Bill Code: | Diversion Account #: | SECR CD SPACE THRU | |
| Rpt Level Ind: | Rpt Hierarchy: | Auth Level Ind: | Auth Hierarchy ID: | |
| MCC Group: | MCC Equal Ind: | Single Txn Limit Amount: | G/L Sub Account: | Cost Center: |
| Daily Spend Limit Amount: | Monthly Spend Limit Amount: | Employee ID: | Fee Frequency: | |
| FI Approval: | | | Date: | |
| Hierarchy | | Central Bill Information | | |
| Level: | Department: | | | |
| ID: | Central Bill: <input type="checkbox"/> NEW <input type="checkbox"/> Existing (Account #) | | | |

*Required only if desired expiration date is less than the default (1 year)

