

CENTENARY COLLEGE OF LOUISIANA

CREDIT CARD REQUEST

PLEASE ORDER A CREDIT CARD FOR THE FOLLOWING EMPLOYEE:

Employee: _____ Title: _____

Department: _____

Employee Address: _____

Date of Birth: _____

Social Security Number: _____

Reason for Request: _____

Monthly Credit Limit: _____

Supervisor: _____ Title: _____

Division Head Approval: _____

PLEASE RETURN THIS FORM TO THE OFFICE OF FINANCE AND ADMINISTRATION.

Employee's Signature

Date

Supervisor's Signature

Date

3 Approved by Finance and Administration: _____ Date: _____