

The BuyCard is an available method of payment for suppliers not on the eProcurement catalogs. Complete the sections for cardholder information, the prospective vendor category and cardholder approvals ONLY. Please be sure to acquire supervisor signature and indicate if you have another person entering and/or reconciling your transactions in the proxy section. Fax to attention of the BuyCard Team at (713) 500 - 4710 when complete.

Please be advised that any cardholder who will need to enter/reconcile POS requisitions in PeopleSoft MUST attend FMS Financial Overview and FMS E-procurement training.

NOTE: *Card accounts with twelve (12) or less transactions during the fiscal year will be cancelled. If it is found that a cardholder has not used the BuyCard for six consecutive accounting periods (months), card may be revoked at the discretion of the Program Coordinator.*

JP Morgan Chase BuyCard Account Application Form

For State of Texas Use Only

(A) Check One:

- New
 Change (*Only complete fields to be changed*)
 Delete/Close Cardholder Account # _____ (16 digits)

(B) Corp # 4559

(C) State Of Texas Agency / University / Co-Op Information

Agency / University / Co-Op **University of Texas HSC Houston** Agency / University **744**
Name: /Co-Op Code:

(D) Cardholder Information (Please Print Required Information)

Cardholder Name

(24 Characters)

Name Line 2

(24 Characters)

00744-UTHSCH

Social Security #

last four only

Employee ID

Email Address

Address Line 1

(35 Characters)

Work Phone

() - -

Address Line 2

(35 Characters)

Home Phone

() - -

City

(23 Characters)

State

Zip Code

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Default Chart field Info : _____ (**LIST unit, dept, fund, program, account**)

(E) Reporting Hierarchy Level Numbers (Required Information)

Level 1 Number 4559	Level 2 00231	Level 3 00001	Level 4
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(F) Cardholder Controls (Required unless specified)

Credit Limit (CSL) \$ 5000.00 **Single Purchase Limit (SPL)** \$ 2000.00

Authorizations Per Day _____

Transactions Per Cycle _____

MCC Group

(Merchant Category Code Group)

TXP4559Exclude

List Prospective Vendors for Usage and est. frequency per 6 months:

(G) Cardholder Approvals

Print Supervisor's Name: _____

Date Signed

Proxy Reconciler(s): _____

Departmental/Supervisor Signature: _____

UTHSCH Program Administrator: (FOR

BuyCard Team Use ONLY) _____

Richard Rawson

Date Signed

Verification ID Number _____

Applicant: Please Complete form and forward to: Rebecca C. Chapa, OCB 1.160 or Fax to 713 500-4710.

(H) Bank Use Only

Account Number _____ - _____ - _____ - _____

Verification ID# Verified: _____

Date: _____

Initials: _____