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

Printed Manager Name	Manager Signature	Date

Printed Approving Officer Name	Approving Officer Signature	Date

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 (Embossed on card)

_____ Middle Initial (Embossed on card)

_____ Last Name* – 17 characters (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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