EASTERN OKLAHOMA STATE COLLEGE
CREDIT CARD APPLICATION

Section 1 - - Card Request

_____ New _____ Suspend/Close Account

_____ Replacement Request _____ New User (Proxy)

*** if this is a request for a replacement card or suspension/closing of an account, please state the reason:**

_____

_____

Section 2 - - Cardholder Information

Cardholder Name: _____ **Employee #: _____**
(24 Characters)

Department Name: _____ **Work Phone #: ( )_____**
(24 Characters)

E-mail Address:_____@eosc.edu_____
(Please Print)

Applicant's Name & Date (Please Print) _____

Applicant's Signature : _____
Offical Duty Station:
Wilburton McAlester Idabel Other:_____

Section 3 - - Approvals

Department Head Approval:
Signature & Date: _____

Vice President's Approval:
Signature & Date: _____

Business Affairs Approval: _____

Section 4 - - Business Affairs

Received Application: (Date) _____ From: _____
Submitted to Works: (Date)_____ By: _____