

**UNM FLEET CARD
APPLICATION FOR FLEET CARD**

Vehicle Unit #: _____ License: _____
 Year: _____ Model: _____
 Make: _____ Division: _____
 Department: _____ Org Code: _____
 UNM Address: _____ Campus: _____
 UNM Phone: _____

Required Card Default:

UNM Default Index Code:	_____
UNM Default Account Code:	_____

Required Card Limits

Credit Limit (Dollar Limit Monthly):	\$ _____
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Please select one of the following Fleet Card Restriction Groups

	\$50	Per Trans	2	Trans Per Day	\$100	Daily Limit
	\$100	Per Trans	2	Trans Per Day	\$200	Daily Limit

Banner FCard Access

(Two Banner users may be allowed to review and/or reallocate transactions - FWAINVT)

Note: This is not a request for security access to form FWAINVT

Net Id for Account Manager (Required)	_____
Net Id for Business Manager (Optional)	_____

We, the undersigned, request the above vehicle be issued a Fleet Card based on the above information. We have read the Fleet Card Agreement and agree to all the terms and conditions stated therein.

	Signature	Printed/Typed Name	Date
Dean, Director/Dept Head:	_____	_____	_____
Supervisor/Responsible Party:	_____	_____	_____
Email:	_____	_____	_____

DO NOT WRITE BELOW THIS LINE

Accounting
 Approval: _____ Date: _____