

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**REGIONAL BANK PURCHASING CARD APPLICATION**

(This form is applicable to DDSN Regional Centers only)

**SECTION 1: APPLICATION REQUIREMENTS**

1. Applicants must be permanent, full-time employees of DDSN.
2. Applicants must agree to sign a cardholder's agreement upon receipt of a new purchasing card.
3. All requested information must be supplied fully before this application can be processed.

**SECTION 2: APPLICANT INFORMATION**

Full Name: \_\_\_\_\_

Physical Street Address

And Building Name (include zip code): \_\_\_\_\_

Mailing Address (if different from Street Address – include zip code):

\_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number (include area code): \_\_\_\_\_

Facility/Region: \_\_\_\_\_ Requested Monthly Credit Limit: \$ \_\_\_\_\_

Default Account Number (last four (4) digits only): \_\_\_\_\_

**SECTION 3: APPLICANT SIGNATURE**

As a cardholder, I agree that I will always treat the Regional Bank Purchasing Card with at least the same level of care that I would treat my own personal credit card. I will maintain the card in a secure location and carefully guard the account number. I understand that I am the only person that is authorized to use the card. I fully understand the intent of this program and will comply with all guidelines and procedures of the DDSN Regional Bank Purchasing Card Program as well as all DDSN policies and procedures related to the handling of personal funds.

\_\_\_\_\_  
Signature (Applicant)

Date: \_\_\_\_\_

**SECTION 4: APPROVAL SIGNATURE**

I delegate transaction authority to this applicant and agree that he/she will comply with all the guidelines of the DDSN Regional Bank Purchasing Card Program as well as the DDSN policies and procedures relating to the handling of personal funds.

\_\_\_\_\_  
Signature (Regional Finance Director)

Date: \_\_\_\_\_