



Romeo Community Schools
Purchasing Card
Cardholder Account Request Form

NEW CHANGE (Complete Items Only and Requested Change) DELETE/CLOSE

Name of School

(Print)

Name on Card

(Print)

Social Security Number

____ - ____ - _____

Date of Birth

__/__/____

Phone Number

(____)-____-_____

Mother's Maiden Name

School District

Account Number (ASN) _____

Credit Limit Requesting \$ _____

Approved by: _____ Date _____

Supervisor's Signature

Office Use Only:

Credit Card Number _____

Date Issued: _____