

# Cardholder Maintenance Form

## A. General Information

Bank #:		
Company Name:	Company#:	
Cardholders Name:	Account # (sixteen digits):	

## B. Standard Changes

Name	Address Change
Name Line 1:	Address Line 1:
Name Line 2:	Address Line 2:
Hierarchy Level Change	City/State/Zip:
From Unit #, Name:	Phone Number Update
To Unit #, Name:	Phone Number:

## C. Parameter Changes

Velocity Changes	Cash Advance
<input type="checkbox"/> Credit Limit:	Cash Advance Capability: <input type="checkbox"/> ON <input type="checkbox"/> OFF
<input type="checkbox"/> Single Purch Limit:	% of Credit Limit:
<input type="checkbox"/> Daily Trans Limit:	Send Pin #: <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Daily Amount Limit:	MCCG Changes
<input type="checkbox"/> Cycle Trans Limit:	Group Name:
<input type="checkbox"/> Cycle Amount Limit:	<input type="checkbox"/> ADD MCC(s) <input type="checkbox"/> DELETE MCC(s)
<input type="checkbox"/> Monthly Trans Limit:	
<input type="checkbox"/> Monthly Amt Limit:	
<input type="checkbox"/> Internal Audit Code:	
<input type="checkbox"/> Employee ID (Eagls):	

### Fleet Parameters

Vehicle/Driver Card:	<input type="checkbox"/> Vehicle=V <input type="checkbox"/> Driver=D
Product Type Code:	<input type="checkbox"/> ID# & Odometer <input type="checkbox"/> Veh# & Odmtr= <input checked="" type="checkbox"/> 2 <input type="checkbox"/> Drvr# & Odmtr=3 <input type="checkbox"/> Odmtr Only=4 <input type="checkbox"/> No Prompts=5
Embossed Fuel Only Code:	<input type="checkbox"/> Yes=Y <input type="checkbox"/> No=N
Product Restriction Code:	<input type="checkbox"/> Fuel & Other Items= <input type="checkbox"/> Fuel ONLY=2

### Miscellaneous

Reorder Convenience Checks:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Enroll Travel Rewards:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## D. Replacement Cards

2 Day  Express  Mail  Bulk

Card Replacement	SEND REPLACEMENT CARD TO:
<input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Demagnetizer <input type="checkbox"/> Not Received	Name:
<input type="checkbox"/> Embossing Error <input type="checkbox"/> Mutilated <input type="checkbox"/> Plastic Never Issued	Address:
Cancellation/Reinstatement	City/State/Zip:
<input type="checkbox"/> Cancellation <input type="checkbox"/> Reinstatement	Phone Number:
Authorized By:	Date: