Exhibit A

State of Georgia
Purchasing Card Program
CARDHOLDER / PROFILE CHANGE REQUEST FORM

Entity / Department Name:

Check the appropriate box for the type of request:

☐ **New Cardholder Request**

☐ **Cardholder Profile Change Request**

Cardholder Name:	**Cardholder Signature:**
Cardholder Department Mailing Address:	**Cardholder Phone Number:**
	Cardholder E-Mail Address:
Default Account: (Required)	**Default Category / Account Code: (Optional)**
Single Transaction Limit: < $5,000	**Monthly Credit Limit:**
Division/Department Supervisor Name: (First-line)	**Signature:**
Department Manager Name:	**Signature:**

IMPORTANT:

Form will not be considered complete until all required signatures are affixed. E-Mail, Fax or Mail form to:

Cindy McCard, Purchasing Card Program Coordinator, at cindym@gdn.edu or 678-359-5054.

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☐ **Approved**	☐ **Disapproved**
Reason:	
By:	**Title: Purchasing Card Program Coordinator**
Date:	