

## **CREDIT CARD MAINTENANCE FORM**

Please complete this form and email it to Accounts Payable at: <a href="mailto:credit.cards@emory.edu">credit.cards@emory.edu</a>

		intenance item				
NAME: FITLE:			Sel	Select the type of Credit Card:  Corporate Credit Card		
	DATE:			Procurement Card		
CLOSE THE CREDIT CARD	TRAI	TRANSFER THE CREDIT CARD				
Cardholder's Name						
Close Reason	Will the card b	Will the card be The Cardhold		ler is Transferring departments		
Employment Terminated	replaced?		Date of Transfer			
Lost/Stolen/Damaged Card	Yes	From Dep	From Department (#)			
Name Changed		To Depar	To Department (#)			
No longer need Card	No	Commen	ts			
Note: Once the card is closed,	it cannot be reope	ned.				
REACTIVATE THE CREDIT CA	ARD					
Please reactivate a suspend	ded credit card f	or:				
Cardholder's Name						
Reason	Balance has be	een paid in full	Reactivation Dat	e:		
Note: Part 3 of this form is req B4 Collection status. The balar status will automatically be re	nce must be paid ir activated when a p	n full before the	card is eligible for r	•		
REPLACE THE CREDIT CARE						
Please order a replacement	t credit card for:					
Cardholder's Name						
Mailing Addings						
Mailing Address						
Street Address						
Street Address City, State, Zip Code		16				
Street Address City, State, Zip Code Is this a Rush Order?	Yes No					
Street Address City, State, Zip Code Is this a Rush Order? Note: For a rush order, there is	s a \$25 bank charg					
Street Address City, State, Zip Code Is this a Rush Order? Note: For a rush order, there is to incur this expense, based or	s a \$25 bank charg n business need.					
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