

PURCHASING CARD NEW ACCOUNT INFORMATION RECORD

TO ADD NEW ACCOUNT:

1. Indicate "New Account" under Type of Request
2. Complete all fields on the form

TO CHANGE INFORMATION ON AN EXISTING ACCOUNT:

1. Indicate Type of Request
2. Fill in the card account number _____
3. Fill in current name on card: _____

First Name

Middle Initial

Last Name

4. Complete only the fields to be changed in the following sections

CARD INFORMATION:

First Name

Middle Initial

Last Name

Last 4 of Social Security

Employee ID

Department Name

Work Address

City

State

Zip

Zip Extension

Home Phone

Business Phone

Email Address

Monthly Limit

Single Transaction Limit

TYPE OF REQUEST:

- ☐ A. New Account
- ☐ B. Address Change
- ☐ C. Department Change
- ☐ D. Account Closure
- ☐ E. Suspend Account
- ☐ F. Reactivate Account
- ☐ G. Credit Line Adjustment
- ☐ H. Single Transaction Limit
- ☐ I. Name Change

AUTHORIZATION:

Employee Signature

Date

Approving Manager Signature

Date

PLEASE RETURN COMPLETED FORM TO
PCardAdministrator@enablemidstream.com

OR

P-Card Administrator
PO Box 24300 M/C LS 440
Oklahoma City, OK 73124