Check One:

_____ New   _X_ Standard
_____ Change (Only complete fields to be changed)
_____ Delete/Close

Cardholder Account#: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Agency/Organization Information

Agency/Organization Name (BOP Purchase - location name)	Agency/Organization Address (APC location Address)

Cardholder Information

Cardholder Name/Address *(Name Line 1) (embossed) (24)*	Activation/Verification # *(Must be a 9-digit number made up of single purchase limit preceded by zeros.)*
(Name Line 2) (embossed) (24)	__ __ __ - __ __ - __ __ __ __
(Address Line 1) (35)	
(Address Line 2) (35)	Work Phone ( )
(Address Line 3) (35)	Fax Number ( )
(Address Line 4) City (25 total)	State Country Zip Code

Accounting Class Code   (no hyphens)

Reporting Hierarchies	Level 2 (Reg#)	Level 3 (Inst#)	Level 4 (AO#)
Level #s *(5 digits ea)*	_____	_____	_____

Dollars per Cycle $ _____	Dollars per Day $ _____ N/A
Dollars per Transaction $ _____ *(Single Purchase Limit)*	Transactions per Cycle _____ 250
MCC Group Exclude 6010 and 6011 (Cash)	Transactions per day _____ 50

APPROVALS

I agree to use the card for official Government purchases only.

Cardholder Signature:

Approved by (print)	Signature	Date

BANK USE ONLY

Account Number: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Signature Verified _____   Date _____   Initials _____   Mgr_____

(This form may be replicated via WP)

Directions for BOP Purchase Card
Cardholder Form

Complete the Cardholder Form to establish, update, or cancel cardholder accounts for the Purchase Card System. All the information must be included on one page, including the approval signature and "Bank Use Only" information. If the form does not print on one page, you may modify the margins, or call your Regional Office for a hard copy.

1.   Check either "New," "Change," or "Delete." "Standard" should always be marked with a default "X."

2.   The Agency/Organization Name should always begin with:
         BOP Purchase - (insert institution or location name).

3.   Agency/Organization Address - the mailing address of the local Agency Program Coordinator (APC).

4.   Name Lines 1 and 2 will be embossed on the card. Name Line 2 may be left blank. The number in parenthesis refers to the maximum number of characters for that field. Name Line 1 is alpha characters only. Name Line 2 can be Alpha/numeric (e.g., Cost Center A1, Laundry, etc.)

5.   Activation/Verification # is used to activate the card and possibly for identification purposes when calling customer service. As identified on the form, the 9-digit number should be the single purchase limit of the cardholder preceded by leading zeros.

6.   Accounting Class Code: Complete as instructed by Finance or Accounting.

7.   Reporting Hierarchies: Five-digit numbers which identify the reporting hierarchy and reporting requirements (roll-up and oversight reports, etc.). The Central BOP Program Hierarchy is Level I, the applicable Regional Procurement Chief is Hierarchy Level II, the local APC is Hierarchy Level III, and the Approving Official (AO)is Hierarchy Level IV. See the Hierarchy Level listing for the BOP Purchase Card Program, which was disseminated to each Region, MSTC, and Central Office Business Office. Each location should have received the applicable hierarchy (Regional, Institution, and Approving Official) codes specific to their location. **Find the AO's name listed under your location and insert the Level #s in the correct blanks. Level I is not included on the form**.

8.   The following fields must have the designated default information included: Dollars per Day: N/A; Transactions per Cycle: 250; Transactions per day: 50; and Merchant Category Code (MCC) Group: Exclude 6010 and 6011 (Cash). Do not change or alter these fields. NOTE: The MCC codes 6010 and 6011 are the designated codes for cash from ATMs and banks. BOP Purchase Cardholders are prohibited from obtaining cash with their purchase card. These fields are requirements of the commercial software package used by Bank One. Since these fields are not applicable to the BOP, Bank One has inserted a default value in excess of any usage expectation.

9.   The Cardholder must sign the form for all new account set-ups.

10.   CHANGES: If the action is a "Change", check the "Change" block. Fill in the Agency/Organization Name. Complete the Cardholder Account number. Complete the Cardholder Name and only the fields that require updating.

11.   DELETIONS/CANCELLATIONS: If the action is a deletion, check the "Delete/Close" block. Complete the Cardholder Account Number. Complete the Agency/Organization and Cardholder Name field. The Cardholder need not sign. **NOTE:** To ensure quick cancellation of an account, call Customer Service at 1-888-297-0781 (toll-free), or (847) 488-4441.

12.   APPROVAL: The local APC or Alternate (Authorized Signer) must print his/her name, sign, and date the form. **NOTE:** The Authorized Signer must have an original Authorized Signer Form on file with Bank One. For start-up purposes, a list of authorized signers was provided to Bank One, based on the Department of Commerce Authorized APC and Points of Contact/Alternates. Any changes to the authorized signer list must be made using an Authorized Signer form.

13.   **Fax** the form to Bank One Federal Card:

      1-888-297-0785 (toll-free)
      or (847) 488-7985 (commercial)

If neither of these numbers work, call Customer Service at 1-888-297-0781, or (847) 488-4441.

Mail to:
Bank One Federal Card
P. O. Box 2015
Elgin, IL 60121

Overnight to:
Bank One Federal Card
2500 Westfield Drive
Elgin, IL 60123