

CARDHOLDER SETUP

Purchasing CPP (DoD)

Agent Number _____
(Leave blank if Cardholder Setup
is sent with Agency Setup)

Company Number _____
(Leave blank if Cardholder Setup
is sent with Billing Official Level Setup)

Cardholder Information: (Complete all information, unless indicated as optional)

Cardholder Name: _____
(Name 1) (max. 24 char.)

Dept./Office/Agency Name: _____ (✓) Emboss Name Yes No
(Name 2) (max. 20 char.)

Address 1: _____
(max. 30 char.)

Address 2: _____
(Optional) (max. 35 char.)

City: _____ State _____
(max. 25 char.)

Zip: _____ Country: _____
(max. 10 char.)

Phone Number: _____
(max. 10 char.)

User Field 2: _____
(Optional, first eight (8) characters embossed on plastic)(max. 15 char.)

MAT Code: (Indicate up to 4 codes): 1: _____ 2: _____ 3: _____ 4: _____
(Indicate MAT 0999 if issuing checks on the account)

Single Purchase Limit: \$ _____, _____, _____ 30-Day Limit: \$ _____, _____, _____, _____
(Credit Limit)

Card Suppression (Indicate Y = Yes, N = No): _____

I.M.P.A.C. Check (Indicate Y = Yes, N = No): _____ → I.M.P.A.C Check Single Purchase Limit: \$ _____, _____
(DOD must attach DFAS confirmation)

Reporting Levels:

Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____

Level 5: _____ Level 6: _____ Level 7: _____

Master Accounting Code: _____
(Optional) (max. 75 char.) (First 25 characters of Accounting Code)

(Second 25 characters of Accounting Code)

(Third 25 characters of Accounting Code)

CARDHOLDER SETUP (cont.)

Purchasing CPP (DoD)

Page 2 of 2

Optional Cardholder Setup Information:

E-mail Address: _____
(max. 60 char.)

Alternate Phone Number: _____
(max 18 char.)

Fax Number: _____
(max 18 char.)

Employee ID: _____
(max 20 char.)

Tax Exempt Number: _____
(max 20 char.)

Optional Cardholder Authorization Controls:

Daily Transaction Limit: _____	Daily Purchase Limit: \$ _____, _____, _____, _____
Cycle Transaction Limit: _____	Cycle Purchase Limit: \$ _____, _____, _____, _____
Monthly Transaction Limit: _____	Monthly Purchase Limit: \$ _____, _____, _____, _____
Quarterly Transaction Limit: _____	Quarterly Purchase Limit: \$ _____, _____, _____, _____
Annual Transaction Limit: _____	Annual Purchase Limit: \$ _____, _____, _____, _____

Form Submitted by:

Signature _____

Print Name _____

Phone _____

Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Account # _____

Rec'd Date: _____ Input Date: _____

Completed By: _____

Reject Date: _____

Reject Reason:

Incomplete (missing information circled or highlighted)

Other _____

MAIL REQUEST TO:
I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347

FAX REQUEST TO: 701-461-3466

☎ 888-99-IMPAC (888-994-6722)



I.M.P.A.C.®

Government Services



Cardholder Setup Form (CHSET-DoD)

CARDHOLDER SETUP

Page 1 of 2

Purchasing CPP (DoD)

Agent Number _____ Company Number _____
(Leave blank if Cardholder Setup is sent with Agency Setup) (Leave blank if Cardholder Setup is sent with Billing Official Level Setup)

Cardholder Information: *(Complete all information, unless indicated as optional)*

Cardholder Name: _____
(Name 1) (max. 24 char.)

Dept./Office/Agency Name: _____ Emboss Name Yes No
(Name 2) (max. 20 char.)

Address 1: _____
(max. 30 char.)

Address 2: _____
(Optional) (max. 35 char.)

City: _____ State: _____
(max. 25 char.)

Zip: _____ Country: _____
(max. 10 char.)

Phone Number: _____
(max. 10 char.)

User Field 2: _____
(Optional, first 8 characters embossed on plastic)(max. 15 char.)

MAT Code: (Indicate up to 4 codes): 1: _____ 2: _____ 3: _____ 4: _____
(Indicate MAT 0999 if issuing checks on the account)

Single Purchase Limit: \$ _____ 30-Day Limit: \$ _____
(Credit Limit)

Card Suppression (Indicate Y = Yes, N = No): _____

I.M.P.A.C. Check (Indicate Y = Yes, N = No): _____ I.M.P.A.C. Check Single Purchase Limit: \$ _____
(DOD must attach DPAS confirmation)

Reporting Levels:

Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____
 Level 5: _____ Level 6: _____ Level 7: _____

Master Accounting Code: _____
(First 25 characters of Accounting Code)

_____ (Second 25 characters of Accounting Code)

_____ (Third 25 characters of Accounting Code)

Form: CHSET-DoD (9/98)

CARDHOLDER SETUP (cont.)

Page 2 of 2

Purchasing CPP (DoD)

Optional Cardholder Setup Information:

E-mail Address: _____
(max. 60 char.)

Alternate Phone Number: _____
(max. 15 char.)

Fax Number: _____
(max. 15 char.)

Employee ID: _____
(max. 10 char.)

Tax Exempt Number: _____
(max. 30 char.)

Optional Cardholder Authorization Controls:

Daily Transaction Limit: _____ Daily Purchase Limit: \$ _____

Cycle Transaction Limit: _____ Cycle Purchase Limit: \$ _____

Monthly Transaction Limit: _____ Monthly Purchase Limit: \$ _____

Quarterly Transaction Limit: _____ Quarterly Purchase Limit: \$ _____

Annual Transaction Limit: _____ Annual Purchase Limit: \$ _____

Form Submitted by:

Signature _____
 Print Name _____
 Phone _____
 Fax _____ Date Submitted _____

For I.M.P.A.C. Government Services use only:

Account # _____

Rec'd Date: _____ Input Date: _____

Completed By: _____

Reject Date: _____

Reject Reason:

Incomplete (missing information circled or highlighted)

Other _____

MAIL REQUEST TO:
 I.M.P.A.C. GOVERNMENT SERVICES P.O. BOX 6347, FARGO, ND 58125-6347
 FAX REQUEST TO: 701-461-3466
 888-99-IMPAC (888-994-6722)

I.M.P.A.C.[®]
 Government Services

Form: CHSET-DoD (9/98)

*Agent Number

Indicate the Agent number associated with this Cardholder setup request. Leave this line blank if the Agent Setup accompanies this setup request.

*Company Number

Indicate the Company number associated with this setup request. Leave this line blank if the Billing Official accompanies this setup request.

Cardholder Information

*Cardholder Name:

Indicate the First, Middle Initial, and Last name of the Cardholder.

*Dept./Office/Agency Name:

Indicate the Department, Office or Agency name associated with this Cardholder setup request.

Emboss Name:

Place a check in the box marked "Yes" to emboss the Dept./Office/ Agency Name on the card. The name will be embossed below the Cardholder name on the plastic. Place a check in the box marked "No" if the Dept./Office/Agency Name should not be embossed on the card.

*Address 1:

Indicate the mailing address of the Cardholder. This address information will be used on all I.M.P.A.C. Government Services correspondence to the Cardholder (i.e. statements).

Address 2:

Indicate the second address line of the Cardholder (i.e. PO Box or suite number).

*City:	Indicate the city of the Cardholder address.
*State:	Indicate the state of the Cardholder address.
*ZIP:	Indicate the ZIP code of the Cardholder address.
*Country:	Indicate the country of the Cardholder address.
*Phone Number:	Indicate the phone number of the Cardholder.
User Field 2:	This is an optional reporting and embossing field. Indicate up to 15 alpha-numeric characters. The first eight (8) digits will emboss on the plastic above the Cardholder name.
*MAT Code:	Indicate up to 4 MAT Codes for this Cardholder. A list of MAT Codes can be found in the A/OPC Guide. If the MAT Code is three characters in length, precede the number with a zero (0). For example, if choosing MAT Code 123, indicate 0123 on the line.
*Single Purchase Limit (SPL):	Indicate the maximum purchase dollar amount allowed for a single purchase.
*30-day Limit:	Indicate the maximum purchase dollar amount authorized within a billing cycle.
*Card Suppression:	Indicate "Y" for Yes or "N" for No. This determines whether the Cardholder is to receive a plastic card. A "Y" indicates no plastic for the Cardholder.
*I.M.P.A.C. Check:	Indicate "Y" for Yes or "N" for No. This determines whether the Cardholder is to receive checks on this account. A "N" indicates no checks will be set up for the Cardholder. If "Y" is chosen, complete the I.M.P.A.C. Check Single Purchase Limit field.
*I.M.P.A.C. Check Single Purchase Limit:	Indicate the maximum dollar limit allowed for a single check purchase. This dollar limit is printed on the checks for the Cardholder.
*Reporting Levels:	Indicate the hierarchy level numbers associated with this Cardholder account. (Note: For some agencies, the Company Number and the Level 5 Number should be the same.)
Master Accounting Code:	Indicate the Master Accounting Code of the Cardholder. Notice the field is broken into three separate lines of 25 characters each. The Master Accounting Code will print as one continuous 75-character field on all applicable reports.
Optional Cardholder Setup Information	
E-mail Address:	Indicate the e-mail address of the Cardholder.
Alternate Phone Number:	Indicate an alternate phone number for the Cardholder. Or, this field may be used if the Cardholder phone number is longer than 10 characters in length.



- Fax Number: Indicate the fax number of the Cardholder.
- Employee ID: Indicate the employee identification number of the Cardholder.
- Tax Exempt Number: Indicate the tax exempt number for this Cardholder.

Optional Cardholder Authorization Controls

- Daily Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for one day.
- Cycle Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a billing cycle.
- Monthly Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a month.
- Quarterly Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a quarter.
- Annual Transaction Limit: This limit is an optional budgetary or authorization control. Indicate the maximum number of transactions allowed for a year.
- Daily Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for one day.
- Cycle Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a billing cycle.
- Monthly Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a month.
- Quarterly Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a quarter.
- Annual Purchase Limit: This limit is an optional budgetary or authorization control. Indicate the maximum purchase dollar amount allowed for a year.

Form Submitted by

- *Signature: Signature of the contact submitting this form.
- *Print Name: Print the name of the contact submitting this form.
- *Phone: Indicate the phone number of the contact submitting this form.
- *Fax: Indicate the fax number of the contact submitting this form.
- *Date Submitted: Indicate the date the form is mailed or faxed to I.M.P.A.C. Government Services.

Fields names marked with an asterisk () are required fields and/or sections and must be completed. Any required fields not completed will cause a delay in the setup request. The incomplete form will be returned to the contact submitting the form or the contact will receive a call requesting the missing information.