



Credit Limit Increase Request Form

I am requesting that the credit limit on my purchasing card be increased.			
Date of Request:		Last Four Numbers on Card:	
Cardholder Name:		Purchasing Card	Travel Card
Department:		Email Address:	
Increase Monthly Limit To:		Increase Per Transaction Limit To:	
Permanent Increase		Temporary Increase	
If Temporary	Beginning Date:	End Date:	
Reason for Increase:			
Cardholder Signature:		Date:	
Director/Supervisor Signature:		Date:	
Card Services Approval:		Date:	