



Store Purchasing Card Application

BSD CLIENT INFORMATION:

Number of Cards Requested

ACCOUNT MANAGER

Please complete the information below as it should appear on the card. When requesting more than one card with different line information, a separate application is necessary.

Customer account #:	<u>27719106</u>	x	(Required)
Company Name:	<u>Shore Mortgage</u>	x	(Required) Up to 25 Characters
P.O. Number:	_____	x	
Dept./Cost Ctr Name:	_____	x	
Address Sequence #	_____	x	
Default card(s) to address sequence	_____	x	
Does address need to be added to account	_____		
Link card to above address	_____		
(If not specified, card will be defaulted to address sequence 1.)	_____		
Payment type (A, B or O)	_____	x	
'A' = AB- Account Billing			
'B' = Both Account Billing and Other Tenders (cash, check, credit card)			
'O' = Other Tender only No Account Billing (cash, check, credit card)			
TRANSACTION INFORMATION:	Not Applicable for 'Other tender only' payment type		
Transaction Dollar Limit: \$	_____	x	(\$ allowed per transaction, \$1000.00 default)
Transactions Allowed Per Day:	_____	x	(Minimum is 5)
Overall Daily Transaction Limit: \$	_____	x	(\$ allowed per day, \$1000.00 default)
Customer Contact:	_____	x	Phone #: _____ (Required)
Mail card/cards to the Acct Manager	_____	x	
(if box is unchecked all cards will be mailed to customer)			

CUSTOMER

Cardholder Name:	_____	x	(Optional) Up to 25 Characters
Customer Address	_____	x	
City, State, Zip / Postal Code	_____	x	
Phone #	_____	x	
Customer Signature	_____	x	Date: _____ (Required)

x - indicates lines to be completed by client

INTERNAL USE ONLY

PLEASE ALLOW 3 WEEKS FOR APPLICATION PROCESSING.

BSD CONTACT INFORMATION:

*** For Office Use Only ***

Account Manager:	<u>Theresa Samonie</u>	Location: _____ (select your location)
Correct Mailing Address (Please write legibly for more punctual mailing):	<u>17335 Haggerty Road, Northville MI 48168</u>	(Street address)
		(City, State, Zip-code)
Phone #:248-277-4055		Fax# <u>800-824-9944</u>
EMAIL: <u>theresa.samonie@officedepot.com</u>		
Account Manager's Signature: _____		Date: _____ (Required)

Important Notice: No Applications will be processed without a customer number, Customer signature, Account Manager Signature, BSD contact information and signed Terms of Conditions.

For 100+ endusers, please see the BSD intranet for automated registration process and form.	800-824-9944	PLEASE NOTE: Application & Terms and Conditions Must be completed in order to process the application. Thank you!
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