BUSINESS CREDIT CARD USER AUTHORIZATION FORM

Add New Business Credit Card User

Last Name	First Name	Allocated Credit Limit Amount ($)	Social Security # (Last 4 Digits Only) *	Mother's Maiden Name *	Date of Birth *	Form of ID Provided (list type and provide copy)
		$				
		$				
		$				
		$				

*Required for security questions when card user calls in to the contact center.

Note: All new card users are required to provide a copy of an official ID.

Remove Existing Business Credit Card User

Last Name	First Name	Business Credit Card # (Last Four Digits Only)

The Business Member is liable for any and all charges made with the KeyPoint business credit card.

Business Member Name: _____

Member Number: _____

Business Contact Phone Number: _____

Card Number: _____

Signature of Authorized Signer: _____

Date: _____