CARDHOLDER SETUP NOMINATION

CARDHOLDER INFORMATION

CARDHOLDER NAME: _____

DEPT/OFFICE/AGENCY NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL: _____

IDENTIFY/IMPRINT CARD: _____

ACCOUNTING DATA: _____

_____

APPROVING OFFICIAL INFORMATION

APPROVING OFFICIAL NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

SIGNATURE: _____

BUDGET INFORMATION

BUDGET OFFICER: _____

PHONE: _____ SIGNATURE: _____

SINGLE PURCHASE LIMIT: _____

30DAY PURCHASE LIMIT: _____

SUBMIT COMPLETED FORM TO:

DIRECTORATE OF CONTRACTING
Bldg 5418, 3rd Floor
Fort Dix New Jersey 08640-6150

ATTN: Ray Blauvelt (Phone: 609-562-6962/Fax 6933)
or
Pam Lutz (Phone: 609-562-6962/Fax 5247)