

Please complete this form if you want to add a new employee to your Collabria Business credit card account.

COMPANY INFORMATION

Cardholder Name

Company Name

Credit Card Account Number

CARDHOLDER INFORMATION

New Cardholder Name (21 spaces max)

Requested Credit Line

Date of Birth

Mother's Maiden Name

Phone Number

REQUIRED AUTHORIZATION

Signature of Authorized Business Representative

Date

Printed Name of Authorized Business Representative