



NAB CORPORATE CREDIT CARD AUTHORITY

Please complete and forward to CDF

School Name
Cardholder Name
Email Address
Position Held **Limit required** \$

List all existing cardholders (to be cancelled Y/N)

Name	Position	Limit	Cancel Y/N	Transfer Y/N

Please ensure cancelled/replaced cards have been destroyed

Purpose of this request (please tick)

New Application
Cardholder request attached – signed by Business Manager or Principal

Increase Limit – existing limit
Cardholder request attached
signed by Business Manager or Principal

Transfer of Card
Previous school name

Important Information for new cardholders;

- PINs will be issued to all cardholders
- New cardholders will receive a login and password to enable access to your credit card statement through flexipurchase.com (**no paper statements are issued**).

For transfers & limit increases - signed by Principal or Business Manager/Finance Officer of new school;

Sign
Name
Title