



GOVERNMENT OF CANADA PURCHASING CARD  
CARDHOLDER APPLICATION FORM

FORM P8

If any of this information is missing or illegible, the form will be returned to the Departmental Card Co-ordinator for completion. There will be a delay in processing application form(s).

|   |   |  |                    |
|---|---|--|--------------------|
| <b>CUSTOMER INFORMATION (MANDATORY)</b> | <b>Department ID Number (Elan - assigned)</b>                                   | <input type="text"/>                                       |                    |
|   | <b>Cardholder Name (as it is to be Embossed on Card, maximum 19 characters)</b> | <input type="text"/>                                       |                    |
|   | <b>Department Name (maximum 19 characters)</b>                                  | <input type="text"/>                                       |                    |
|   | <b>Cardholder Mailing Address (maximum 30 characters)</b>                       | <input type="text"/>                                       |                    |
|   | <b>City</b>   | <b>Province</b>  | <b>Postal Code</b> |
|   | <b>Telephone Number</b>   | <b>Security Number</b>                                     |                    |
|   | <b>Security Password for Card Activation (maximum 20 characters)</b>            | <input type="text"/>                                       |                    |
|   | <b>Language Indicator:</b>  | <input type="radio"/> English <input type="radio"/> French |                    |

|                                    |  |   |
|------------------------------------|--|---|
| <b>CARD TYPE (SELECT ONE ONLY)</b> | <input type="radio"/> Acquisition Card – PST Exempt  | <input type="radio"/> Card-less Account |
|                                    | <input type="radio"/> Discreet Card – Non-PST Exempt |   |

|   |  |                              |                              |                      |                      |                      |
|---|--|------------------------------|------------------------------|----------------------|----------------------|----------------------|
| <b>LIMIT, HIERARCHY, AND REPORTING INFORMATION (*INDICATES MANDATORY FIELD)</b>               | <b>Monthly Credit Limit*</b>   | <b>Single-purchase Limit</b> |                              |                      |                      |                      |
|   | \$ <input type="text"/>  | \$ <input type="text"/>      |                              |                      |                      |                      |
|   | <b>Maximum Number of Transactions (if applicable)</b>  |                              |                              |                      |                      |                      |
|   | Daily <input type="text"/>   | Weekly <input type="text"/>  | Monthly <input type="text"/> |                      |                      |                      |
|   | <b>Merchant Category Code Restrictions</b>   |                              |                              |                      |                      |                      |
|   | <input type="radio"/> Company Default <input type="radio"/> No MCC restrictions <input type="radio"/> Other (Customize as per attached list for individual cardholder) |                              |                              |                      |                      |                      |
| <b>Reporting Unit Number (up to 7 levels)</b>   |  |                              |                              |                      |                      |                      |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/>         | <input type="text"/>         | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Level 1   | Level 2  | Level 3                      | Level 4                      | Level 5              | Level 6              | Level 7              |
| <b>Employee Fund Centre – for Electronic Reporting (if applicable, maximum 22 characters)</b> |  |                              |                              |                      |                      |                      |
| <input type="text"/>  |  |                              |                              |                      |                      |                      |



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ADDITIONAL  
COMMENTS /  
INSTRUCTIONS

CARDHOLDER  
NAME

Cardholder Signature

FUND CENTRE  
MANAGER

Print Name

Fund Centre Manager Signature

CARD  
CO-ORDINATOR  
NAME  
(MANDATORY)

Print Name

Card Co-ordinator Signature

Please fax the completed and signed form to Customer Support at 1-888-974-3464