



MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT
PROCUREMENT CARD SERVICES PROGRAM

AGENCY BILLING ACCOUNT REQUEST FORM

SECTION I INSTRUCTIONS

- 1. To add a new billing account, the Program Coordinator completes the information below.
- 2. Maintain a copy in the Program Coordinator's files.
- 3. Mail the original completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201.

Office of Purchasing, Travel and Fleet Management's Use

Emailed: ___ Yes ___ No

Authorization Strategy No.

Reporting Levels/Agency No.

Procurement Card Administrator

Date

SECTION II

BILLING INFORMATION (Please Print)

Agency Name

Agency Number (If applicable)

Billing Recipient

Statement Mailing Address Line 1

Statement Mailing Address Line 2

City

State

Zip

Business Telephone Number

Extension

Fax Telephone Number

Email Address

SECTION III

COORDINATOR'S TERMS AND CONDITIONS

Primary Coordinator

I have full authority to sign this form and change the information on the Agency's behalf. All of the information is true and correct in all respects.

Primary Program Coordinator's Name (printed) _____ Email Address _____

Primary Program Coordinator's Signature _____ Date _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____

Alternate Coordinator(s)

I have full authority to sign this form and change the information on the Agency's behalf. All of the information is true and correct in all respects.

Alternate Program Coordinator's Name (printed) _____ Email Address _____

Alternate Program Coordinator's Signature _____ Date _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____

I have full authority to sign this form and change the information on the Agency's behalf. All of the information is true and correct in all respects.

Alternate Program Coordinator's Name (printed) _____ Email Address _____

Alternate Program Coordinator's Signature _____ Date _____

Business Telephone Number _____ Extension _____ Fax Telephone Number _____