

New Employee Card Request

1. Complete all questions on the form below. We cannot process incomplete requests.

Please note: Requests must be signed and dated by a Company Guarantor or Authorized Officer.

2. Please fill out the form below. Be sure to sign and date.

Company Name	_____		
Cardholder Name	_____		
Social Security Number*	_____		
Mailing Address	_____		
City	State	Zip Code	_____
Credit Limit Requested	_____		
Authorizing Officer** Name	_____		
Authorizing Officer** Phone Number	_____		
Authorizing Officer* Signature			Date

3. Mail the completed form to:

- OR -

Fax the completed form to:

First Bankcard
Attn: Commercial Card
P.O. Box 2457
Omaha, NE 68103-2457

402-938-5302

4. Please keep a copy for your records & allow up to five business days for processing this request.

Cards should be received approximately ten days from receipt of request.

(We may request additional information not contained in this form.)

**Your Social Security Number will only be used for verification; it will not be used to obtain credit data.*

***The Authorizing Officer is an individual authorized to make account changes on behalf of the company.*

Thank you for the opportunity to serve you.

If there is anything we can do to assist you, please call us at **1.800.819.4249**.

Or, email us at **businessonline@fnni.com**.