|  |
| --- |
| **State of Connecticut Addendum****Commercial Card Company Record Form** |
|  X | Add |  |  |  |  | Change |  |  |  | Delete |  |  |
|  |
| Company Name: |  |
| Program Administrator: |  |
| Address Line 1: |  |
| Address Line 2: |  |
| City: |  | State: |  |
| Zip Code: |  | Phone: |  |
| Email: |  |

|  |  |
| --- | --- |
| **Send New Cards To:** | **Send Reissue Cards To:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Administrator |  | Administrator |
|  | Cardholders |  | Cardholders |
|  | Other |  | Other |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
|  |  |  |  |

|  |
| --- |
| **Send Management Reports To:** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Administrator | Name: |  |
|  | Other | Address: |  |
|  |  |  |  |

|  |
| --- |
| **Organization Approvals** |
| Prepared By: |  | Date: |  |
| (Please Print) |  |
| Approved By: |  | Date: |  |

(Authorized Signer)

|  |  |
| --- | --- |
| Print Authorized Signer’s Name:  |  |
|  |  |
|  |
| **Bank Use Only** |
| Signature Verified: |  |  | Corporation #: |  |  |
| Date Added: |  |  | Cycle #: |  |  |
| Allow New Accounts: |  |  | Initials: |  |  |
| Fee: |  |  | Mgt: |  |  |