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| **\*COMPANY ADMINISTRATOR TO EMAIL FORM TO** **DataEntry@fhb.com** **FOR PROCESSING\*** |
|  **DEPARTMENT NAME** |
| **Cardholder Application Form** |
| All requests will be completed within 3 business days. An email response will be sent when the request has been processed or contact Customer Service at 847-4444 or 1-800-342-2778 for a status update. |

**\*USE THE TAB KEY TO MOVE FROM FIELD TO FIELD\***

|  |  |
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| **Date Application Submitted**: |       |
|  |
| **Applicant Information: (To be completed by the CARDHOLDER)** |
| **Cardholder Name (First, MI, Last)** | **Embossed Company Name (21 A#-: Defaulted on all cards)** |
|       | DEPARTMENT NAME |
| **Verification ID – (6 NUMERIC/ REQUIRED)****DEFAULT MAILING ZIP CODE+0 IF BLANK\*** | **Job Position / Title** | **Date of Birth****(MM/DD/YYYY)** |
|       |       |       |       |       |
| **Mailing Address**  | **City** | **ST** | **Zip** | **Business Phone (REQUIRED)** |
|       |       |    |       |       |       | - |       |
|       | Ext: |       |
|       |
| **Card Mailing Address** (if different from above) | **City** | **ST** | **Zip** | **Cell Phone** |
|       |       |    |       |       |       | - |       |
|       |
| **Email Address** | **Fax Number** |
|       |       |       | - |       |

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| **Card Administrator Information (To be completed by the ADMINISTRATOR)** |
| **Card Administrator Name** | **Email Address** | **Business Phone** |
|       |       |     |      | - |       | EXT.       |
| **Cardholder Credit/Spend Limit** (Resets at cycle) | **Special Instructions** (single purchase limit, mcc blocking, etc.) |
| $ |       |       |

**\*CARD ADMIN – PLEASE LET THE CARDHOLDER KNOW WHAT THEIR VERIFICATION ID IS, AS SEEN ABOVE. THE VERIFICATION ID IS REQUIRED FOR IDENTIFICATION PURPOSES.**

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| **Bank Use Only** |
| Branch# | Strategy Code | Bulk Ship | Individual Auth | Group Auth | Cash Option# |
| 01 | STOFH1 |       | 00001 | SOH01 | 001 |
| Company # | T# | TBR # | Account Number |
| 99 999 99 | 99-9999999 | 9999999 |       |