

# NAB CORPORATE CREDIT CARD APPROVAL

Please complete and forward to CEO for approval

School Name

Cardholder Name

Email Address

Position Held

Limit required

\$

List all existing cardholders (to be cancelled Y/N)

Name	Position	Limit	Cancel Y/N	Transfer Y/N

Please ensure cancelled/replaced cards have been destroyed

Purpose of this request (please tick)

☐

**New Application**

Cardholder request attached – signed by cardholder and line manager

☐

**Increase Limit – existing limit**

Cardholder request attached  
signed by cardholder & line manager

\$

☐

**Transfer of Card**

Previous school name

Reason for new/additional card or limit increase

  


- The cardholder/s has/have been provided with a copy of the terms and conditions of use of the NAB Credit Cards and the CESA policy relating to use of credit cards.
- PINs will be issued to all cardholders for purchases only (**no “cash out” available**).
- New cardholders will receive a login and password to enable access to your credit card statement through flexipurchase.com (**no paper statements are issued**).

Signed by two authorised signatories to the issuing school's bank accounts:

Sign	Sign
Name	Name
Title	Title

This form has been checked and approved for processing

<b>Name : NIGEL MCPHEE</b>
Title : Assistant Director Catholic Education SA