

SunTrust VISA Corporate Card Maintenance Form

NAME OF COMPANY: City of Smyrna

TYPE OF REQUEST: New Account Delete Account

Change Existing Account # 4266 2745 0001 7258

ACCOUNT INFORMATION CHANGED:

Name Address Account Code

Monthly Credit Limit Single Transaction Limit

Other Annual extension

CARDHOLDER INFORMATION:

Please complete only the appropriate spaces below to indicated change(s) needed.

Susan D. Hiott

First Name Middle Initial Last Name

Social Security Number Account Code Unit No.
770 319 5303

Home Phone Number Business Phone Number

Monthly Reconciliation Statement Address

P.O. Box 1226
Smyrna, GA 30081

City State Zip

LIMITS

Monthly Credit Limit Single Transaction Limit

Employee's Signature Date

Company Program Manager's Signature Date