

**Dartmouth College  
Corporate Card Credit Limit Increase Request**

**Card Information**

Name of Cardholder

Department

Date

Business Phone Number

Business Fax Number

Last 4 digits of Corporate Card

**Credit Limit Increase**

Current Credit Limit

Credit Limit Proposed

Reason for change

**Signatures/Approval**

**Cardholder**

Print Name:

Signature: \_\_\_\_\_

**President, Vice President, Dean, Director, or Department Head Approval:**

I hereby authorize the increase in credit limit that has been requested.

Print Name:

Title:

Signature: \_\_\_\_\_

Date: