



BUSINESS CARD PROFILE FORM

PLEASE PRINT OR TYPE ALL INFORMATION

USER ID

Last Name: _____

First Name: _____

Middle Initial: _____

Email Address: _____

Department(s): 1. _____

2. _____

Cost Center(s): 1. _____

2. _____

Authorized Signature: _____

Authorized Dollar Amount: \$ _____

Password (Assigned by Purchasing) _____

SHIP TO INFORMATION

Temple University Name: _____

Room: _____ Building: _____ Internal Zip: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Phone(s): _____

Fax: _____

Email: _____

(Automatic Confirmation to person entering orders)

All forms and information is to be returned to:

DeLois E. Corbitt, Purchasing
402 University Services Building
1601 North Broad Street
Philadelphia, PA 19122
Phone: (215) 204-8366 Fax: (215) 204-1045
Email: corbittd@mail.temple.edu

The Purchasing Department must be notified when an employee is no longer authorized by a department to order business cards online.