Credit Card Limit Increase

CSB
CHANDLER SCHOOL BOOSTERS

Instructions:

1. Complete form with all requested information.
2. Submit to **CSB@CSBAP.org**

GROUP NAME:

Credit Limit Pre-Approval Request:

Limit Requested:

Name on Card:

Card Number:

Dates Requested: to

Reason for Request:

Approvals:

Approval Type:

- ☐ Previously approved budget
- ☐ Special vote (attach minutes with vote information)

Signer 1

Name:

Signature:

Signer 2

Name:

Signature:

CSB Use Only: Please do not mark below this line.