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| State Seal For Forms | **State of Oklahoma**  **Office of Management and Enterprise Services**  **Central Purchasing Division** | **Vehicle Rental Account  For Paying By SW Contract**  **Purchase Card** |

This form must be filled out to establish a customer account with Enterprise Rent-A-Car.

Please fax back to: 1-405-708-4516

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| Agency Name | | | | | | | | | | | | | | | |  | | Division Name | | | | | | | | | | | | | | | | | |
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| Section / Program Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Address | | | |  | Suite / Room Number | | | | | | | | | | | |  | | | City, State | | | | | | | | | | |  | | Zip code | | |
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| Purchase Card Holder Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Purchase Card Holder Phone Number | | | | | | | | | |  | Purchase Card Holder E-mail Address | | | | | | | | | | | | | | | | | | | | | | | | |
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| Billing Contact Person | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Billing Phone Number | | | | | | | | | |  | | Billing E-mail Address | | | | | | | | | | | | | | | | | | | | | | | |
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| Billing Address (if different than above) | | | |  | | Suite / Room Number | | | | | | | | | | | | |  | | City, State | | | | | | | | | | |  | | Zip code | |
| **AGENCY CODE** | *These fields MUST be completed.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ship To Code: |  | - |  | | | |  | | | | | | Bill To Code: | | | | | | | | |  | - |  | | |  | | | | | | | | |
| **CARD INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name as It Appears on Purchase Card | | | | | | | |  | Purchase Card #: | | | | | | | | | | | | | | | |  | Expiration Date: | | | | | | | | | |
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| Purchase Card Holder Signature | | | | | | | | | | | | | |  | Title | | | | | | | | | | | | |  | Date | | | | | | |
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| Name of the Chief Administrative Officer of the Requisitioning Unit or the Agency | | | | | | | | | | | | | |  | Title | | | | | | | | | | | | |  | | | | | | | |
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| Signature of the Chief Administrative Officer of the Requisitioning Unit or the Agency | | | | | | | | | | | | | |  | Date | | | | | | | | | | | | |  | | | | | | | |