



OFFICE OF THE
AUDITOR/CONTROLLER
FOR THE
COUNTY OF PLUMAS

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Auditor-Controller

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I.M.P.A.C.® CALIFORNIA CARDHOLDER ACCOUNT SETUP

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS

REQUIRED

DEPT/OFFICE/AGENCY NAME _____ (Max 30)

CARDHOLDER LEGAL NAME _____ (Max 20)

(First name, middle initial, last will be embossed, no titles)

POSITION _____

ADDRESS ONE _____ (Max 30)

ADDRESS TWO _____ (Max 30)

CITY _____ STATE CA ZIP _____

PHONE _____

EMAIL ADDRESS _____

REQUIRED

CREDIT LIMIT _____

TEMPORARY 30 DAY LIMIT _____

DEPARTMENT HEAD SIGNATURE _____

(Original Signature Only) No copies!