



## Amazon Business Prime New User Authorization Form

*Procurement cardholder use only.*

District Office  
  Cañada College  
  College of San Mateo  
  Skyline College

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

SMCCCD Email: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRICT OFFICE USE ONLY			
College Business Office Approval	Date	General Services Approval	Date
Name: _____		Name: _____	

\*\*\*Note to CBOs: please forward to General Services for final approval\*\*\*