 **Corporate Card**

19678

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| Employee Applicant Information (Please print or type) ***Supervisor Approval***  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print/Type Name:       Date: | | | | | | |
| **Employee:**    First Name | | Middle Initial | | Last Name | | |
| -     -  Social Security Number | | /     /  Date of Birth | | $ **Not Applicable (N/A)**  Anticipated monthly travel and entertainment expenses | | |
| Title:     Department:­­­­­­­­­­­ | | | | | | |
| Home Address - Street | | | | | | |
| City | | State | | | -  Zip | |
| -     -  Home Phone | -     -  Business Phone | | | | | **N/A**  Employee Number (If Applicable) |
| Company Information This section to be completed by authorized Company Program Administrator: | | | | | | |
| **SOUTHERN OREGON UNIVERSITY**  Name of Company Requesting Issuance of Card | | | | | | |
| **1250 SISKIYOU BLVD**  Address of Company - Street | | | | | | |
| **ASHLAND**  City | | **OR**  State | | | **97520 - 5036**  Zip | |
| Processing Company Division Department | | | | | | |
| Reporting/FirstTrac SM | | | | | | |
| Company Program Administrator Signature: Patti Eliot eliotp@sou.edu | | | | | | |
| Employee Understanding/Signature | | | | | | |
| Employee Applicant requests that he/she be issued a U.S. Bank Visa® Corporate Card. U.S. Bank may obtain credit information concerning Employee Applicant for the sole purpose of issuance, renewal and/or replacement of the U.S. Bank Corporate Card. In consideration of this issuance and the use of the U.s. Bank Corporate Card, the Employee Applicant agrees to be bound by the U.S. Bank Corporate Cardholder Agreement accompanying the card, as amended by U.S. Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is U.S. Bank National Association ND.  Employee Applicant understands that this card is to be used for business charges only and that Employee applicant is totally responsible and liable for all expenses charged to the card. Employee Applicant understands and acknowledges that payment is due to U.s. Bank upon receipt of the statement. Employee Applicant further understands that if he/she fails to pay U.S. Bank for all undisputed charges his/her card will be permanently canceled. | | | | | | |
| /     /  Employee Applicant Signature/Date | | |  | | | |
| Your U.S. Bank Visa Corporate Card will be mailed to you within 7 – 10 days following receipt of your application.  RETURN THIS FORM TO SOU TRAVEL OFFICE, CH 150 | | | | | | |