

In consideration of Andrews University providing a corporate credit card for my business use, I hereby agree to comply with the provisions detailed in the Corporate Credit Card Policy. I acknowledge that repeated failure to do so will result in forfeiture of the credit card.

Additionally, I agree that any unaccounted purchases that I incur will be my personal responsibility and reimbursable to Andrews University. I further authorize any of these purchases to be charged to my Andrews University ID Account, \_\_\_\_\_, and if not paid on a timely basis, said charges will be deducted from my payroll.

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Applicant \_\_\_\_\_ Date \_\_\_\_\_

Last four digits of Social Security Number: \_\_\_\_\_

Cell phone number for security alerts/notifications: \_\_\_\_\_