

Corporate Credit Card Application
(PLEASE PRINT)

Name of applicant _____ Extension _____

Email _____

Department: _____ Title: _____

Employment: ___ Full Time Faculty/Staff ___ Part Time Fac/Staff ___ Other: _____

Last four digits of your Social Security Number _____ AU ID# _____

Best Contact Phone: _____
(Phone number where credit card security department may contact applicant in the event of suspicious transactions)

Is this a new card for the department? _____ If not, who's card is this replacing? _____

Credit limit requested _____

Describe your travel or purchase activities _____

Complete office address where monthly statements are to be sent:

Name of Supervisor _____

Signature/approval of Supervisor _____

Signature/approval of Dean/Vice President _____