



Corporate Credit Card Application

To Be Completed by Employee

First Name	Last Name
Last Four Digits of Social Security Number	Date of Birth
Business Phone Number	Mobile Phone Number
Business E-mail address	Position/Title

By signing this application, I understand and agree that the Corporate Credit Card to be issued to me must be used in accordance with the Presbyterian College Credit Card Policy. I understand that this Corporate Credit Card is for business-related expenses only. I will follow the established procedures and guidelines for using the Corporate Credit Card as defined by the College. Failure to do so may result in revocation of my privileges to use a Corporate Credit Card or other disciplinary action, up to and including termination of employment and/or legal action. In addition, I agree to surrender the card and discontinue its use upon request or upon termination of employment for any reason.

_____ Signature Date

To Be Completed by Employee’s Supervisor

First Name	Last Name
Business E-mail address	Position/Title
Department/Org(s) Where Charges Will Be Coded	Default Credit Limit Requested
Are Proxy Rights Necessary?	Staff Member to Be Assigned Proxy Rights

_____ Signature Date

To Be Completed by Business Office

_____ Controller’s Signature Date

- Credit Card Application Received: _____
- Credit Card Ordered: _____
- Profile Assigned: _____
- Credit Card Received: _____
- User Credentials Established: _____
- Assigned to Workflow: _____
- Proxy Rights Added: _____
- Emailed Instructions/Policy: _____
- Signed Policy Received: _____

Username Assigned: _____