

JP Morgan Chase Corporate Master Card Application

Cardholder Information										
		\square New Card \square Change (complete fields to be changed)								
Name as you would like it to appear on the	card	9	9	9	9	9	1: -:+ -\			
Campus Department		Security Identifier (last 4 unique digits) Required for bank authentication								
Departmental Account Number		Date of Birth								
Complete Beloit College Email Address		Mother's Maiden Name (4 letters only)								
Campus Phone Number		Cell Phone Number With Area Code								
Country of Citizenship		Complete Home Address								
Credit Information										
Purpose of the Card: Frequent Busin	ness Travel	Supplie	s and	Service	es 🗆	Other	::			
Credit Limit Requested: \$\sigma\$ \$\\$\\$2000 \$\sigma\$ \$\\$5000 Other:										
Credit Card Agreement										
Corporate credit cards may not be used for cash advances (ATM machines) or personal goods and services. If a card is lost or stolen, the cardholder must immediately contact the card issuer at 1-800-316-6056 and the College Accounting Office at 608-363-2206.										
It is the cardholder's responsibility to obtain original receipts from the merchant and/or supplier each time the card is used. Payment Distribution Forms must be completed and returned to the Accounting Office with all supporting documentation and approvals. The forms are due on the last day of the month in any month with credit card activity. Failure to return the form within 30 days of the due date may result in credit card suspension or revocation.										
All credit card purchases are subject to the College's Travel and Expense Reimbursement Guidelines. Any personal use or misuse of the credit card will be deducted from my payroll check as a personal advance. Failure to adhere to corporate credit card policies will result in card suspension, revocation, and/or appropriate disciplinary actions.										
I have read and agree to the above terms and c	onditions.									
Signature of Employee/Cardholder	Da	te	-							
Authorization										
Approval of Department Head	Date	Appr	oval o	f Vice I	Preside	nt/Sen	ior Staf	f	Date	