



EASTERN OREGON
UNIVERSITY

Corporate Visa Card Application
Accounts Payable Office

Employee Applicant Information Please print or type:					
First Name	Middle Initial	Last Name			
Social Security Number	Date of Birth	Anticipated monthly travel & entertainment expenses			
Preferred Billing Address: Business	Home				
Business Address - Street					
City	State	Zip			
Home Address - Street					
City	State	Zip			
Home Phone	Business Phone	Employee Number (If Applicable)			
Company Information This section to be completed by authorized Company Program Administrator:					
Name of Company Requesting Issuance of Card :		EASTERN OREGON UNIVERSITY			
Address of Company - Street		ONE UNIVERSITY BOULEVARD			
City	LA GRANDE	State	OR	Zip	97850
Processing	Company	Division	Department		
Company Program Administrator Signature: _____					
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 cancelled.					
Employee Applicant Signature	Date	Approving Manager Signature	Date		
Your U.S. Bank Visa Corporate Card will be mailed to you within 7-10 days following receipt of your application. Unless otherwise instructed, please return this application to your designated Company Program Administrator. Thank you.					

Return to
VISA Campus Coordinator
Business Affairs- Accounts Payable