



University of Notre Dame
Office of Human Resources

**APPLICATION FOR THE
AMERICAN EXPRESS CORPORATE CARD**

Name _____
(as you would like it to appear on the Corporate Card (20 characters only, including spaces))

Social Security Number _____

Billing Address _____ Home _____ Office _____
(20 character only, including spaces)

City _____ State _____ Zip _____
(17 characters only, including spaces)

Home Address _____
(if different than billing address)

City _____ State _____ Zip _____
(17 characters only, including spaces)

Business Phone Number _____ Home Phone Number _____

Cost Center Number _____ *(to be completed by American Express)*

Faculty / Staff Signature _____ Date _____

(Please read the Agreement before signing)

By signing above I indicate my acceptance of the terms and conditions of the Agreement)

TO BE COMPLETED BY THE PROGRAM ADMINISTRATOR

Basic Control Number _____

Company Name University of Notre Dame

Authorizing Signature _____ Date _____

Print Authorizer's Name, Title & Phone Number _____

OUR AGREEMENT: The Applicant and the undersigned Company, through its authorizing officer, (a) request that a Card be issued on the Company's account to the Applicant, and (b) authorize the receipt and exchange of credit information on both the Applicant and the Company, and (c) agree to be bound by the terms and conditions of the Agreement(s) received with each Card ("Agreement").

The individual Applicant (a) authorizes American Express to notify the Company if American Express decides to decline this application, (b) agrees to use the Card issued in connection with business account opened in the Company's name, and (c) agrees to be liable for payment of all charges to the Card in accordance with the terms of the Agreement. All applications require countersignature of an authorizing officer of the Company to authorize issuance of the Card even if the same individual signs twice. TITLE MUST BE INDICATED.

Payment for charges on your Card account is due in full upon receipt of your monthly statement. If an amount is past due for two billing cycles a delinquency assessment of \$10 or 2.5% of the seriously delinquent amount, whichever is greater, will be added except as provided below. If an amount is past due for three billing cycles a delinquency assessment of \$10 or 2.5% of all past due amounts, whichever is greater, will be added except as provided below. (The amounts indicated below will be assessed in the states indicated in lieu of the amounts set forth above: Michigan, Texas 1.5%; Mississippi, greater of \$5 or 2.5% (\$50 maximum); North Dakota 1.75%; Virginia 2.5%; Massachusetts 1.5% of seriously delinquent amounts only.) Court costs plus attorney's fees of up to 15% of the then unpaid balance of the Card account may be added to your account if we must refer it to an attorney for collection. Applicant hereby represents that the Corporate Card will be used for business or commercial purposes.

Will allow you to print, sign and return to the Office of Human Resources.

Will clear the form.