



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:			
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 is 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 the 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