

American Express Corporate Card Application

APPLICATION INFORMATION- APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED INFORMATION

**THE
AMERICAN
EXPRESS
CORPORATE
CARD
PROGRAM**

Employee:
*Required fields
must be
completed
or application
cannot be
processed

Please complete
and send to
Program
Administrator

Program
Administrator:
* Required fields
must be
completed
or application
cannot be
processed

Complete form
and send to:
American Express
P.O. Box 53816
Phoenix, AZ
85072

or

fax to
623 492-3884



Name as you would like it to appear on the Corporate Card (20 characters maximum, including spaces. *Required)

 Home Office

Billing Address (# office, write Department name, 2nd line Boston College)

Billing Address

City (17 characters maximum, including spaces)

State

Zip Code

Home Street Address (20 characters maximum, including spaces. *Required)

City (17 characters maximum, including spaces)

State

Zip Code

Social Security Number (*Required)

Home/Personal Phone Number (*Required)

Eagle ID Number

Business Phone Number (*Required)

Department Number (Budget number)

Business Fax Number

*Employee's Signature (*Required) please read the Agreement before signing.

Date

By signing below I indicate my acceptance of the terms and conditions of the Agreement.

DO NOT WRITE BELOW THIS LINE-VP AUTHORIZATION REQUIRED ON BACK SIDE OF FORM

Basic Control Number (*Required) please fill out or application cannot be processed

Department

TRUSTEES OF BOSTON COLLEGE

Company Name (20 characters maximum, including spaces)

VP Area (AVP, EVP, SVP, RVP)

Authorizing Signature (CONTROLLER'S)

Date

Michael J. Driscoll

Controller

6 1 7 - 5 5 2 - 4 5 9 8

PRINT Authorizer's Name

Title

Phone Number

6 1 7 - 5 5 2 - 0 7 5 7

Fax Number

* All applications require a signature (name & title) of an authorized Company Representative or Program Administrator to issue a Corporate Card.

AGREEMENT:

Company and the Applicant(s) request that a Corporate Card be issued to the Applicant on the Company's account (b) authorize the receipt and exchange of credit information on the Company and the Applicant (c) agree to be bound by the Agreement with the Card and by the Agreement covering Corporate Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Card will be used for business or commercial purposes only. The Applicant(s) authorizes American Express to notify the company if the application is declined or if spending restrictions are applied to the Corporate card, and (b) agree to be liable for payment to American Express of all amounts charged to the Corporate Card.

TRAVELER: PLEASE COMPLETE BOTH SIDES AND SEND THE FORM TO YOUR VICE PRESIDENT FOR APPROVAL

Please **PRINT** or **TYPE**

V.P. Approval _____

Date _____

BOSTON COLLEGE TRAVELER'S PROFILE

Name _____
(First) (Middle Initial) (Last)

B.C. Department _____ Office Phone # (____) _____

Address (Bldg/Rm #) _____ Office Fax # (____) _____

B.C. Traveler's Coordinator's Name _____ Office Phone # (____) _____

Traveler's Home Address _____ Home Phone # (____) _____

City _____ St _____ Zip _____

CORPORATE CARD BILLING ADDRESS (Please check one): HOME OFFICE

FOR INTERNATIONAL TRAVEL

Passport # _____ Exp. Date _____ Citizenship _____

Allergies/Med. Restrictions _____

Inoculation Record _____ Visa Record _____

TRAVEL PREFERENCES

Aircraft Seating: Aisle _____ Window _____ Smoking (Int'l. Only) _____ Non-Smoking _____

Special Menu: Dietetic _____ Vegetarian _____ Kosher _____ Other _____

AIRLINE MEMBERSHIPS

Club/Program Name _____ Membership # _____

1 _____

2 _____

3 _____

Special Requirements _____

HOTEL MEMBERSHIPS

Hotel Name _____ Check-in Club Name/No. _____

1 _____

2 _____

3 _____

Special Requirements _____

RENTAL CAR MEMBERSHIPS

Club Name _____ Club No. _____

1 _____

2 _____

3 _____

Special Requirements _____

NOTE: ADVISE AMERICAN EXPRESS TRAVEL AGENCY IMMEDIATELY UPON ANY CHANGES TO THE ABOVE

FOR TRAVEL AGENCY USE

TRAVELER'S CORPORATE CARD # _____