

# University of Minnesota

## MasterCard Corporate Card Application

This application has been customized for this institution. The use of this application for institutions other than the originally intended, may cause processing delays and errors.

**EMPLOYEE:**

Please print clearly and completely. Incomplete applications cannot be processed.

Cardholder's Name (First, Middle Initial, Last - maximum 24 characters)	Social Security Number
Street Address	Home Phone Number (      )
City, State, Zip Code	Business Phone Number (      )
Security Code (Full Social Security Number)	Date of Birth

I understand and agree that the Corporate Card will be issued to me upon signing this application and that such card must be used in accordance with Corporate Travel Policy and the Corporate Cardholder Agreement. I agree to surrender the card and discontinue use upon request or upon termination of employment for any reason. I understand that the complete Corporate Cardholder Agreement will be provided when the card is issued. I agree to read these terms and conditions of the Corporate Cardholder Agreement. I understand that this Corporate Card is for business-related expenses only.

Cardholder's Signature	Date
Department Authorized Approval Signature	Date

**To be filled out by the Program and/or Department Travel Card Administrator**  
**Fill out the section below completely and fax it to Ge Capital Financial at 801-517-5589**

<b>Cardholder Profile - Retail Limits (please check one)</b>			
<input type="checkbox"/> \$0 (ETA0000)	<input type="checkbox"/> \$50 (ETA0050)	<input type="checkbox"/> \$250 (ETA0250)	<input type="checkbox"/> \$500 (ETA0500)
<input type="checkbox"/> \$1000 (ETA1000)	<input type="checkbox"/> \$2500 (ETA2500)	<input type="checkbox"/> \$5000 (ETA5000)	<input type="checkbox"/>
<b>Cardholder Profile - Credit Limits (please check one)</b>			
<input type="checkbox"/> \$3000	<input type="checkbox"/> \$5000	<input type="checkbox"/> \$7000	<input type="checkbox"/> \$10000
<input type="checkbox"/> \$12000	<input type="checkbox"/> \$15000	<input type="checkbox"/> \$20000	
Program and/or Department Travel Card Administrator's Name (Print)			Date
Program and/or Department Travel Card Administrator's Signature			
<u>Internal use only</u>			
Bank#: 1278 Agent#: 1302 Company#: 01302 Rpt Lvl 1: 03102 Rpt Lvl 2: _____ Rpt Lvl 3: _____			