

Employee Applicant Information Please print or type:		
First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	_____ <small>Anticipated monthly travel and entertainment expenses</small>
Preferred Billing Address: Business <input type="checkbox"/> Home <input type="checkbox"/>		
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 OREGON STATE UNIVERSITY		
Address of Company - Street B 106 KERR ADMIN BLDG		
City CORVALLIS	State OR	Zip 97331
Processing _____ Company _____ Division _____ Department _____		
Reporting/FirstTrac sm _____		
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 canceled.		
_____ 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 - Payables