

Corporate Credit Card Application

Employee Name (including middle initial):	<input type="text"/>	Employee ID:	<input type="text"/>
Employee's College Station:	<input type="text"/>	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff
Department Name:	<input type="text"/>	Department Project Number:	<input type="text"/>
Email Address:	<input type="text"/>		
Phone Number:	<input type="text"/>		
Mother's maiden name:	<input type="text"/>		
Are you replacing an employee who previously had a corporate credit card:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who are you replacing:	<input type="text"/>
Estimated \$ amount of purchases (monthly):	<input type="text"/>	Estimated # of purchases (monthly):	<input type="text"/>
Cash Advance Option:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Please describe the types of purchases you expect to make with a Bowdoin corporate credit card, including if they are federally funded:			
<input type="text"/>			
Employee's Signature / Date:	<input type="text"/>	Manager's Approval / Date:	<input type="text"/>

Questions related to the application can be directed to Carol Trottier at ctrottie@bowdoin.edu, 207-725-3851.

Fax completed application to the Controller's Office, Attn: Carol Trottier at 207-725-3940.

CONTROLLER'S OFFICE USE ONLY

Controller's Office Approval:	<input type="text"/>				
Approved Credit Limit:	<input type="text"/>	Single Transaction Limit:	<input type="text"/>	Approved Cash Advance Limit (if applicable):	<input type="text"/>
Last four digits of SSN (supplied by Payroll):	<input type="text"/>	Date of Birth (supplied by Payroll):	<input type="text"/>		
Delegate:	<input type="text"/>				
<input type="checkbox"/> Cancelled prior cardholder's card	<input type="checkbox"/> Credit Card database	<input type="checkbox"/> Welcome email			