

# Individual Liability Corporate Card/Corporate Travel Card Application

## Employee Information

Please print or type:

Name as it should appear on card (FN, MI, LN): \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Years of Service with Company: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Street/Home Address: \_\_\_\_\_  
(No P.O. Box Please)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Statement/Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - \_\_\_\_\_ Business Phone: ( ) - \_\_\_\_\_

Employee Email: \_\_\_\_\_

## Company Information

This section is to be completed by authorized Company Program Administrator. Company # \_\_\_\_\_ Liability Indicator: \_\_\_\_\_

Corporate Account Name: \_\_\_\_\_ Corporate Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Second Line Embossing: \_\_\_\_\_

% Cash: \_\_\_\_\_ PIN (Y/N) \_\_\_\_\_ Internal Audit Code: \_\_\_\_\_ Single Purchase Limit \$ \_\_\_\_\_

Reporting Hierarchy: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MCC Group Name(s)/Action: \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( )

Program Administrator Name: \_\_\_\_\_ Program Administrator Phone: ( ) - \_\_\_\_\_

Program Administrator Email: \_\_\_\_\_

Program Administrator Signature: \_\_\_\_\_

## Employee Acknowledgement Signature

Employee Applicant certifies that he/she is 18 years or older, is a U.S. citizen or permanent resident, and that the information submitted in this application is true and correct. Employee Applicant authorizes Bank of America to notify the above-referenced Company of the Bank's approval or decline of this application and if the application is approved, to share with company all account information. Employee Applicant understands that any approval of this application is subject to his/her continuing to be employed by such Company.

If a card is issued, the Employee Applicant understands that it is to be used for charges in connection with the above-referenced Company's business only and not for personal, family or household purposes. The Employee Applicant further understands and acknowledges that he/she is totally responsible and liable for all transactions charged to the card and that full payment is due to Bank of America upon receipt of the statement. Employee Applicant also understands that if he/she fails to pay Bank of America for all undisputed charges, his/her card will be permanently canceled. Furthermore, Bank of America reserves the right to report Employee's account payment history to the credit reporting agencies at the Bank's discretion.

Employee Applicant requests that he/she be issued a Bank of America Corporate Card/Corporate Travel Card. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information and will take necessary actions to verify Employee Applicant's identity. Bank of America may obtain credit information concerning Employee Applicant (and spouse if Employee Applicant lives in a community property state) for the sole purpose of issuance, renewal and/or replacement of a Bank of America Corporate Card/Corporate Travel Card. If this application is approved, Employee Applicant agrees to be bound by the terms of the Corporate Card and Corporate Travel Card Member Agreement accompanying the card.

From time to time Bank of America and its affiliates may share with each other information about Employee Applicant personally contained in his/her application to Bank of America or obtained from outside sources. However, Employee Applicant may instruct Bank of America to cease sharing his/her personal information obtained from his/her application or outside sources by sending a written request to: Commercial Card Services, P.O. Box 27025, Richmond, VA 23261-7025.

Employee Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Approving Manger Name: \_\_\_\_\_

Approving Manger Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Unless otherwise instructed, please return this application to your Company Program Administrator. Thank You.