

CORPORATE CARD EMPLOYEE APPLICATION

EMPLOYEE INFORMATION

Please complete all required fields (**)

**First Name

**Middle Initial

**Last Name

**Physical Home Address (Note: A PO Box cannot be accepted)

**City

**State

**Zip

Billing Address (if different from above)

City

State

Zip

Home Phone

**Business Phone

**Date of Birth (mm/dd/yy)

**Mother's Maiden Name

**Social Security Number

YEARS MONTHS

**Length of employment

Job Title

NOTICE

Our bank complies with Section 326 of the USA PATRIOT Act. This law mandates that we verify certain information about you while processing your account application.

COMPANY INFORMATION

Name: **Trustees of Hamilton College**

Address: **198 College Hill Road**

City: **Clinton**

State: **NY**

Zip: **13323**

Hierarchy:

Credit Limit: \$

Second Line Embossing: **TAX EXEMPT 111599**

Single Transaction Limit: \$

Cash (ATM) Amount: % of Credit Limit

EMPLOYEE ACKNOWLEDGEMENT

I understand that my failure to follow the terms and conditions of the Policy, including, but not limited to a business use only policy, will be considered a breach of contract with Hamilton College and may become cause for employment disciplinary action, including the termination of my employment for cause. I request that the card issuer make a credit card available to me and agree that my use of the card will indicate my assent to the terms and conditions I receive with the card. I authorize the card issuer to check my credit references. I promise to use the card only for business purposes and not for personal use.

Employee Signature

Date

MANAGER'S APPROVAL

Manager Signature

Date