



Section A – Employee Applicant Information

| | | |
|--|--------------------------------|---------------------------------|
| First Name | Middle Initial | Last Name |
| Social Security Number - For Verification Purposes | | |
| Preferred Billing Address <input type="checkbox"/> Business <input type="checkbox"/> Home | | |
| Business Mailing Address | | |
| City | State | ZIP Code |
| Home Address - Street | | |
| City | State | ZIP Code |
| Area Code - Home Telephone | Area Code - Business Telephone | Employee Number (If Applicable) |

Section B – 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.

I, the undersigned employee, understand that this card is to be used for business charges only and that I am totally responsible and liable for all expenses charged to the card. I understand and acknowledge that payment is due in full to U.S. Bank upon receipt of the statement. I further understand that if I fail to pay U.S. Bank for all undisputed charges, my card will be permanently cancelled.

 (Employee Applicant Signature/Date)

 (Supervisor Signature/Date)

Unless otherwise instructed, please return this application to your University of Wisconsin System Institution Travel Card Program Administrator. The Travel Card Program Administrator will complete the last section. Your U.S. Bank Corporate Card will be mailed to you within 7-10 days following the receipt of your application.

Section C – Campus Information

This section is to be completed by the authorized Travel Card Program Administrator.

| | | |
|--|---------------------|-----------------------|
| Name of Campus Requesting Issuance of Card | | |
| Campus Address | | |
| City | State | ZIP Code |
| Processing: Company – 5 digits | Division – 5 digits | Department – 5 digits |
| Reporting: 5 digits (Up to 7 entries) | | |
| | | |

 (Program Administrator Signature)