



SF STATE TRAVEL CARD APPLICATION

EMPLOYEE APPLICANT INFORMATION - Please print or type:

First Name: _____ Last Name _____ Social Security Number _____

Dept Name: _____ SFSU ID # _____ Date of Birth (mm/dd/yy) _____

Dept Address _____ City _____ State _____ Zip Code _____ Business Ph# _____

Home Address _____ City _____ State _____ Zip Code _____ Home Phone# _____

Preferred Billing Address _____ Home _____ Business _____

Anticipated Monthly Travel Expenses _____

EMPLOYEE UNDERSTANDING / SIGNATURE / APPROVALS

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 the 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 understand and agree to the following terms (Please initial on each line):

_____ This card is to be used for business related travel charges only.

_____ Payment in full is due in full to US Bank and needs to be remitted upon receipt of statement.

_____ I am liable for all charges on the card; non-payment will adversely affect my personal credit rating.

Should I default on payment of this card:

_____ The card will be cancelled and no new card will be issued.

_____ I will NOT be eligible for any future cash advances from the Chancellor's Office.

Applicant's Signature _____ Date _____ Email Address _____

Supervisor's Signature _____ Date _____ Print Name _____

Dept Manager/Chair signature _____ Date _____ Print Name _____

SF STATE CARD OFFICE USE ONLY - COMPANY INFORMATION

Program Administrator's Signature: _____ Date _____