

## US BANK PERSONAL LIABILITY TRAVEL CARD APPLICATION

### EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	M.	SS#	DOB
STREET ADDRESS		CITY	STATE	ZIP
HOME PHONE	BUS. PHONE		EMAIL	

I understand and agree to the following terms (Initial each line):

- \_\_\_\_\_ This card will be used for State business related travel charges only.
- \_\_\_\_\_ Payment in full is due and remitted to U.S. Bank upon receipt of the U.S. Bank statement.
- \_\_\_\_\_ I am liable for all charges on the credit card. Non-payment will adversely affect my personal credit rating. LATE FEE will not be reimbursed by the University.
- \_\_\_\_\_ Should I default on payment of the credit card or use it for personal expenses, the card will be cancelled and no new card will be issued.
- \_\_\_\_\_ I have read and understand the Personal Liability Travel Card guidelines

\*\*\* Late fees, applied to the total past due balance as indicated below.

30 days = 0%; 60 days = 2.5% with a \$2 minimum; 90 days = 2.5% with a \$2 minimum; 120 days = 2.5% with a \$2 minimum; 160 days = 2.5% with a \$2 minimum; 180 days = charged off and balance charged to department

Employee Applicant requests that he/she be issued a U.S. Bank Travel 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 Commercial Card.

Employee Applicant understands that this card is to be used for **State business travel** charges only and agrees to be bound by the U.S. Bank 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.

Please be advised that your Social Security number will be provided to US Bank.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Turn in completed form to University Accounting Services Bldg 98, Rm B1-113.