

CREDIT CARD APPLICATION

Completion of this form is acknowledging acceptance of the appropriate use of credit cards established for and issued to authorized Stockton University employees to conduct business of the University. In accepting the Stockton University credit card, you agree to the terms and limits placed on the use of the card and compliance with University Policies and Procedures.

CARDHOLDER INFORMATION					
LEGAL NAME:					
DEPARTMENT:		DIVISION:			
Z#	CELL PHONE:	BUSINESS PHONE:			
(RECOMMENDED FOR ACCOUNT ALERTS)					
CHECK THIS BOX IF CARD WILL BE USED FOR DEPARTMENTAL PURCHASES:					

CARDHOLDER AGREEMENT
Providing cell phone numbers is recommended so cardholders can receive and act on account alerts, including notifications for suspicious activity and declined purchases. Instructions on how to opt-in for alerts will be given when the card has been distributed. Cardholders are responsible for the safekeeping of the card and must provide adequate documentation to support all charges on the account. Transactions that remain unreconciled for more than 30 days from the posting date will result in the suspension of the credit card.

DEFAULT FOPAL		
FUND:	ORG:	PROGRAM:
ACCOUNT:	ACTIVITY:	LOCATION:
(OPTIONAL)	(OPTIONAL)	(OPTIONAL)

PROXIES FOR RECONCILIATION
Name(s):

CARDHOLDER	
NAME:	SIGNATURE:

DEAN/BUDGET UNIT MANAGER	
NAME:	SIGNATURE:

SENIOR LEADERSHIP	
NAME:	SIGNATURE:

Send completed form to creditcard@stockton.edu