

# American Express® Card Application for University of Pennsylvania Corporate Card and MCI Calling Card

## APPLICATION INFORMATION - APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED INFORMATION.

\_\_\_\_\_  
**Name** as you would like it to appear on the Corporate Card (20 characters maximum, including spaces - \*Required)

Campus Address \*Required

\_\_\_\_\_  
**Street Address** (20 characters maximum, including spaces)  **Home**  **Office**

\_\_\_\_\_  
**City** (17 characters maximum, including spaces) **State** **Zip Code**

Home Address \*Required

\_\_\_\_\_  
**Street Address** (if different than billing address)

\_\_\_\_\_  
**City** (17 characters maximum, including spaces) **State** **Zip Code**

\_\_\_\_\_  
**Social Security Number** (\*Required) **Home/Personal Phone Number**(\*Required)

\_\_\_\_\_  
**Business Phone Number** (\*Required) **Fax Number** (\*Required)

\_\_\_\_\_  
**Employee ID Number** (10 characters maximum) **School or Center / Department**

\_\_\_\_\_

X  
**Employee's Signature** Please read the Agreement before signing. \_\_\_\_\_ **Date**  
 By signing above I indicate my acceptance of the terms and conditions of the Agreement.

## PROGRAM ADMINISTRATOR - APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED INFORMATION.

\_\_\_\_\_  
**Basic Control Number** (\*Required - to be filled out by the Program Administrator)

\_\_\_\_\_  
**University of Pennsylvania**

X  
**Authorizing Signature**\* Please read the Agreement before signing. \_\_\_\_\_ **Date**  
 I am authorized to complete this enrollment authorization on behalf of the company.

_____ <b>Authorizer's Name</b>	_____ <b>Title</b>	215 - 746 - 4400 <b>Phone Number</b>
SUSAN STORB	Travel Administrator	215 - 573 - 5635 <b>Fax Number</b>

\* All applications require a signature (name & title) of an authorized Company Representative or Program Administrator.

### AGREEMENT:

Company and the Applicant (a) request that a Corporate Card be issued to the Applicant on the Company's account, (b) authorize the receipt and exchange of credit information on the Company and the Applicant, (c) agree to be bound by the Agreement sent with the Card and by the agreements covering Corporate Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Card will be used for business or commercial purposes only. The Applicant (a) authorizes American Express to notify the Company if this application is declined or if spending restrictions are applied to the Corporate Card, and (b) agrees to be liable for payment to American Express of all amounts charged to the Corporate Card.

**THE AMERICAN EXPRESS CORPORATE CARD PROGRAM**

**Employee:**  
 \*Required fields must be completed or application cannot be processed.

**Please complete and send to Program Administrator**

**Program Administrator:**  
 \*Required fields must be completed or application cannot be processed.

**Complete form and send to:**

**Susan Storb**  
**University of Pennsylvania**  
**220 S. 40th St.**  
**Rm 201E / 3512**

or

**fax to:**  
**215-573-5635**



**Corporate Services**