UCLA

Individual Corporate Card Application

Please print clearly and completely. Incomplete applications will be returned.

Cardholder's Name (First, Middle Initial, Last)	Social Security Number	Date Of Birth
Second Line Emboss (indicate UCLA or UCOP)	Home Phone Number ( )	Business Phone Number ( )
Mailing Address	City State Zip	
Employee ID:	Department Name:	

CARDHOLDER AGREEMENT

(PLEASE READ BEFORE SIGNING)

I understand and agree that the Corporate Card will be issued to me upon signing this application and that such card must be used in accordance with Corporate Travel Policy and the Corporate Cardholder Agreement. I agree to surrender the card and discontinue use upon request or upon termination of employment for any reason. I understand that the complete Corporate Cardholder Agreement will be provided when the card is issued. I agree to read these terms and conditions of the Corporate Cardholder Agreement. I understand and agree that this Corporate Card is for business-related expenses only.

Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name address, date of birth and tax identification number for this purpose.

Cardholder Signature:	Date:
Position ☐ Faculty ☐ Staff ☐ Student	Department FS Code:
Organization/Department Approval:	Date:

Please submit your completed application to UCLA Travel, 10920 Wilshire Center, Suite 130, Mail Code 143348.

To be filled out by the UCLA Travel Program Administrator

Total Monthly	Retail	ATM
☐ $_____	☐ _____	☐ _____

Program Administrator's Name (print)		Business Phone Number ( )
Program Administrator's Signature	Date	Fax Number ( )

GE Internal use only

Bank: 1278 Agent: 2300 Company: 02300 Rpt Lvl 1: 02300 Rpt Lvl 2: _____

Rpt Lvl 3: _____ Rpt Lvl 4: _____

Revised 6/21/05