

The American Express® Business ExtrAA® / Corporate Card Program Application

Employee:

*Required fields must be completed or Application cannot be processed.

Please complete and mail the original form to:

Cheryl Ervin
Procurement Dept
1340 ASB

Application Information – Application cannot be processed without required information. PLEASE TYPE OR PRINT LEGIBLY. ALL FIELDS ARE REQUIRED.

Name as you would like it to appear on the Business ExtrAA Corporate Card (20 characters maximum, including spaces)

Social Security Number (Required for identification and servicing purposes)

Home Street Address (20 characters maximum, including spaces)

City (17 characters maximum, including spaces)

State

Zip Code

Office Address (20 characters maximum, including spaces)

City (17 characters maximum, including spaces)

State

Zip Code

Billing Information

Send my monthly statement to: Home Address Office Address

Business Phone Number

Home/Personal Phone Number

E-mail Address

Employee's Signature Please read the Agreement before signing.

By signing below I indicate my acceptance of the terms and conditions of the Agreement.

X

Date

Supervisor's Signature Please read the Agreement before signing.

By signing below I indicate my acknowledgement and approval of the above-signed employee obtaining an American Express Corporate Travel Card under the terms and conditions established.

X

PRINTED

SIGNED

Date

Completed By Program Administrator

Basic Control Number *Required - please fill out or Application cannot be processed.

Company Name (20 characters only, including spaces)

Iowa State University

Authorizing Signature* Please read the Agreement before signing.

I am authorized to complete this enrollment authorization on behalf of the company.

X

Date

PRINT Authorizer's Name

Title

Phone Number

Fax Number

PRINT Program Administrator Name

Cheryl Ervin

PA Phone Number

515 – 294 – 4862

Program

Administrator:

*Required fields must be completed or Application cannot be processed.

Please complete and send to:
American Express
PO. Box 53816
Phoenix, AZ 85072

Or

Fax to:
623-492-3884

*** All Applications must be signed by a Company Representative or Program Administrator who has purchase authority and is authorized to open account(s) in the name of the Company.

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 Corporate 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.

** This field is optional. We may also notify you about important account updates and services that may be suited to your needs. We will never share your email address. For information about how we protect our privacy, please visit americanexpress.com/privacy.

**IOWA STATE UNIVERSITY (ISU) AMERICAN EXPRESS BUSINESS EXTRA
CORPORATE TRAVEL CARD PROGRAM
Cardholder Agreement (Agreement)**

The American Express Corporate Travel Card is to be **used only for university business purposes and may only be used by the named cardholder**. It is not to be loaned to another employee, person, or family member. Should a cardholder terminate employment with the university, or transfer to another university department, the cardholder and the cardholder's department both have the specific obligation to notify the Corporate Card Program Administrator at (515) 294-4862, prior to the employee's termination or transfer date. **The cardholder may not make personal purchases on the card and then reimburse American Express.** Because the Corporate Travel Card is a government contracted financial instrument, it requires a prohibition on personal use.

American Express Corporate Travel Cards are intended to be used in paying authorized university travel expenses. It may not be used for non-travel-related purchases of goods or services. Authorized expenses include: air transportation; ground transportation; hotels; meals; conference fees and expenses. Certain miscellaneous transactions, related to the business objective of the travel-related activity and occurring while in travel status, may also be authorized. Allowable expenses are those labeled as being reimbursable on the following website:

<http://www.controller.iastate.edu/travelinformation/allowableexpenses.htm>

Please complete all information below:

<i>Name of Corporate Cardholder:</i>	<i>Telephone Number (Work):</i>
	<i>Telephone Number (Home):</i>
<i>Department Name/Address:</i>	<i>Statement Address:</i>

The cardholder agrees, within twenty (20) days of the monthly statement date from American Express, to validate the accuracy of all charges, and to personally pay for all legitimate charges posted on the billing. In addition, cardholder agrees to provide those receipts that are required by the university when completing travel reimbursement requests. Upon administrator request, cardholder agrees to provide receipts for any transactions charged to the American Express card. As the card will be issued in the cardholder's name, all legitimate card charges authorized by the cardholder or with the cardholder's permission, and any associated fees, are the financial responsibility of the cardholder. Should the cardholder fail to timely meet payment obligations for authorized charges, the unpaid balance will be deducted from the cardholder's pay and the card privileges may be terminated.

Lost or Stolen Cards

Should a card be lost or stolen, the cardholder or cardholder's department is responsible for immediately notifying either the American Express 24-Hour Lost or Stolen Card Hotline at (800) 528-2122 [Overseas: Call collect (623) 492-5450]; the ISU Corporate Card Program Administrator, Cheryl Ervin, at (515) 294-4862 [M-F 8-5]; or the ISU Contract Administrator at (515) 294-5641 [M-F 7:30-4]. Cardholders and university departments are not responsible for unauthorized fraudulent charges made to the card if reported to American Express in a timely manner.

Use of Cards

As holder of this Corporate Travel Card, I agree to accept the responsibility for the protection and proper use of this Corporate Travel Card, as enumerated in this Agreement and consistent with American Express Corporate Card Program Guidelines and Billing Statements provided by American Express. I understand sales tax, federal excise tax and some hotel/motel taxes frequently can be avoided by providing appropriate tax exempt documentation. I understand that I can contact the Procurement Services Department at (515) 294-4860 for documentation of tax exemption certification available in certain states.

I further understand that improper or fraudulent use of the Corporate Travel Card may result in disciplinary action in accordance with the policies of ISU's University Human Resources. In addition, I understand that two occurrences of past-due balances greater than sixty (60) days will result in revocation of card privileges and the card will be terminated.

Questions concerning Corporate Travel Card procedures, purchases, or policy should be directed to (515) 294-5641 or (515) 294-4862.

American Express Business ExtrAA Corporate Travel Card Process

Applicants are responsible for completing the application, including this cardholder agreement, having it properly authorized/signed by all listed parties, and submitting it to Cheryl Ervin, Procurement Services, 1340 ASB. American Express will review the application and, if approved, issue the Business ExtrAA Corporate Travel Card within 7 to 10 business days of receipt of the application. The card will be mailed to the program administrator, who will contact you with instructions for picking up the card. If rush delivery is required, the applicant may pay a \$15 fee, which will be assessed on the first billing statement. Rush deliveries are received within 1 to 2 business days.

Once the card is used, the cardholder, upon receiving the monthly billing statement, will reconcile items to ensure amounts charged for purchases are correct and match the billing statement charges. Discrepancies are the responsibility of the cardholder to resolve. If there are charges the cardholder wishes to dispute, it is the responsibility of the cardholder or department to first contact the merchant to seek resolution. If not satisfied with the outcome, the cardholder shall contact a Corporate Card Program customer service representative at (800) 706-9128 within twenty (20) days of statement receipt, for dispute processing.

The university's designated corporate card account supervisors will review charges and payment history periodically using the Corporate Card on-line account management system. However, it is incumbent upon the cardholder to make Corporate Card payments in a timely manner.

DEPARTMENT CHAIR/APPROVER PLEASE READ CAREFULLY: As previously stated the employing department will also be responsible for promptly notifying the Corporate Card Program Administrator at (515) 294-4862, prior to the employee's termination or transfer date. Should the department fail to do so, and the university be unable to deduct unpaid balances from the cardholder's pay, the employing department will be financially responsible. Departments may wish to limit financial exposure by establishing a maximum monthly dollar threshold for cardholders. The monthly credit limit may also be modified by American Express, based on the cardholder's payment history. The maximum monthly credit limit allowed per card will be \$10,000, unless approval for higher limits has been obtained from the Procurement Services Department and the cardholder's Department Chair. The Procurement Services Department's Corporate Card Program Administrator may adjust monthly credit limits or terminate cardholder privileges at any time, if deemed appropriate by the Procurement Services Department or the cardholder's department. American Express may terminate a card at its discretion. To request a lower or higher monthly limit, please complete the following:

COMPLETE ONLY IF REQUESTING AMOUNTS DIFFERENT FROM THE STANDARD \$10,000 MONTHLY LIMIT

Monthly credit limit*: \$ _____ (not to exceed \$10,000 unless authorized here)

**Please attach memo from department chair/director to explain request for higher monthly limit*

Department Chair/Director

Procurement Services

CARDHOLDER/APPLICANT PLEASE READ CAREFULLY: Should I fail to use this Corporate Travel Card properly, or fail to make timely payment, by signing below, I authorize the university to deduct from my salary, or from any other amounts payable to me, an amount equal to the total of the improper purchases and/or unpaid balances. I also agree to allow the university to collect any amounts owed by me, even if I am no longer employed by the university. If the university initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay legal fees incurred by the university in such proceedings. I understand that two occurrences of past due balances greater than sixty (60) days will result in revocation of the card privileges and the card will be terminated. Cardholder hereby agrees to the provisions of this agreement.

Cardholder University ID Number: _____

Signature _____
(Cardholder/Applicant)

Date _____

Approval _____
(Department Chair/Director - Typed/Printed and Signed)

Date _____

--- and/or ---

Approval _____
(Dean/Vice President/Provost/President - Typed/Printed and Signed)

Date _____

Procurement Services _____

Date _____