

**Washington College
Corporate VISA Card Application**

Cardholder Information – To be completed by Applicant

First Name	Middle Initial	Last Name (Max 24 Characters)
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Title

Department	Phone Number (10 Digits)
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Fax Number	E-Mail Address
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Employee's Signature	Date
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Suggested monthly Credit Limit (\$1,000, \$2,500, \$5,000, \$10,000 or specify other amount)

Senior Staff Signature	Date	Budget Manager Signature	Date
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Option	Travel _____	Purchasing _____
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**Cardholder Information
(To be Completed by Corporate Card Program Administrator)**

Monthly Credit Limit	Restriction Options
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Corporate Card Administrator Signature	Date
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For additional information, contact the Corporate Card Administrator at ext. 7821
Upon completion and approvals, send completed form to the Business Office, Corporate Card
Administrator or FAX to 410-810-7105