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**STANFORD TRAVEL PROGRAM**

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**DATE:** JULY 2003  
**TO:** STANFORD UNIVERSITY FACULTY, STAFF, AND POST-DOCS  
**FROM:** LIANE PFEIFFER, TRAVEL PROGRAM COORDINATOR  
**RE:** APPLICATION FOR AN INDIVIDUAL CORPORATE CARD

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Please find enclosed an application for an American Express Corporate Credit Card.

Complete both forms and forward to the Travel Program Coordinator, 3 Encina Hall, Mail Code 6048.

Navigant International and Palo Alto Village Travel have been selected as the agencies preferred for Stanford's business travel and it is recommended that you use this service. For Internet bookings use TRIP at <http://trip.stanford.edu> to also gain access to Stanford's discount airline rates.

If you have any questions please feel free to call me at 725-9102.

LP/DKC

July 2003

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**STANFORD TRAVEL PROGRAM**

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STANFORD UNIVERSITY REQUEST FOR AN AMERICAN EXPRESS CORPORATE CARD

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I, \_\_\_\_\_, request that an American Express Corporate Card be issued for my use. I agree that I shall be personally liable for charges made to this card. Upon receipt of my American Express Card, I agree to:

- Pay American Express for all charges incurred by the due date of the monthly billing.
- Pay American Express for any penalty fees resulting from late payment to American Express, however they are incurred. I understand that Stanford will not reimburse me for penalty fees.
- Return my American Express Corporate Card to the University Travel Program Coordinator upon termination of employment or when specifically requested to do so.

Signed: \_\_\_\_\_  
(Cardmember)

Office Location: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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Please check:

\_\_\_\_\_ Faculty

\_\_\_\_\_ Staff

\_\_\_\_\_ Post-Doctoral Scholar

# American Express<sup>®</sup> Corporate Card Application for Stanford University

**APPLICATION INFORMATION -- PLEASE COMPLETE ALL ITEMS BELOW FOR TIMELY PROCESSING**

**THE  
AMERICAN  
EXPRESS  
CORPORATE  
CARD  
PROGRAM**

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

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Billing Address (20 characters only, including spaces)

Home  Office

-----  
City (17 characters only, including spaces)

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State

-----  
Zip Code

-----  
Home Address (If different than billing address)

-----  
City (17 characters only, including spaces)

-----  
State

-----  
Zip Code

-----  
Social Security Number

-----  
Business Phone Number

-----  
Home Phone Number

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.

\_\_\_\_\_  
School/Department Name

Do not write below this line. For Travel Program office use only.

3 7 8 2 - 7 3 -----  
Basic Control Number (please fill out or application processing will be delayed)

Stanford University  
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Company Name (20 characters only, including spaces)

X

\_\_\_\_\_  
Authorizing Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT Authorizer's Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

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

**OUR AGREEMENT:**

The Applicant and the undersigned Employer, through its authorizing officer, (a) request that a Card be issued on the Employer's account to the Applicant, (b) authorize the receipt and exchange of credit information of the Applicant, and (c) agree to be bound by the terms and conditions of the Agreement(s) received with each Card. The individual Applicant (a) agrees to use the Card issued in connection with a business account opened in the Employer's name, (b) agrees to be liable for all charges to the Card, and (c) agrees to maintain the account in a current status. The individual to whom the Card is issued will be billed for all charges incurred on said Card and a separate remittance is required.

