



Attachment I: Cardholder Application

To apply, please return this completed application, with employee and supervisory signatures, to the Program Administrator at AmEx@Jefferson.edu.

Full Legal Name (As to appear on corporate card): _____

Department: _____

Campus Address: _____

Business Purpose: _____

I, _____, hereby request a Jefferson American Express corporate card. Upon approval of this application, I agree to abide by the terms and conditions as set forth in this policy and the Cardholder Agreement.

Signature: _____ Date: _____

Print Name: _____ Campus Key: _____

Email: _____ Phone: _____

Supervisor: _____ Date: _____

Print Name: _____ Campus Key: _____

Email: _____ Phone: _____