

**St. Lawrence University
Corporate Charge Card for Purchasing
Cardholder Agreement Form**

Last Name

(If card to be issued in the name of an employee)

First Name

OR

Department Name

(If card to be issued in the name of a department)

Billing Address:

Street: _____

City, State, Zip: _____

Telephone Number: _____

I request a Corporate Card for Purchasing issued under St. Lawrence University's agreement with HSBC Bank USA. I have read the University's policies and procedures for use of the card and agree to comply with the terms and conditions as set out therein.

Credit Limit: _____

Cardholder Signature:(1) _____ Date: _____

Vice President/Dean Signature: _____ Date: _____

(1) If card is issued to a department, only the signature of the department chair/administrator is required.