

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

Last Name: _____ **First Name:** _____

Billing Address: _____

I request a Corporate Card for Travel 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.

In the event that I terminate employment with St. Lawrence University, I authorize the university to withhold an amount equal to any balance owed to HSBC Bank USA on this account from my final salary payment and forward to HSBC Bank for immediate settlement of the account. If my final salary payment is insufficient to bring the account balance to zero, I promise to pay the remaining balance on the regularly scheduled due date. If I fail to fully pay this balance, I agree to pay all reasonable collection costs, including attorney fees costs and other charges, necessary for the collection of any amount not paid when due.

Credit Limit: _____ **Phone:** _____

Cardholder Signature: _____ **Date:** _____

Vice President: _____ **Date:** _____