

**American Express
Corporate Card
Program**

NOTE: The American Express Corporate Card is a personal liability card. You are **personally** liable for all charges and ensuring timely payment to American Express.

Agreement:

New York University through its authorizing officer, and the Applicant signing, (a) request that the Card be issued on New York University's account, (b) authorize the receipt and exchange of credit information on New York University or Applicant, and (c) agrees to be bound by the terms and conditions of the Agreement applicable to New York University's account, and by the Agreement sent with the Card and with the cash product introductory materials. The applicant (a) authorizes American Express to notify New York University if American Express declines this application, (b) agrees to use the Card issued in connection with a business account opened in the name of New York University for business travel and related expenses only, and (c) agrees to be held liable for payment of all charges to the Card, including any cash product transactions.

**Application for the American Express®
Corporate Card & Corporate Express Cash**

For security purposes return completed form via FAX to:
212-443-0694

APPLICATION INFORMATION – APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED FIELDS

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

Billing Street Address (20 characters only, including spaces - *Required*)

Home Office

City (17 characters only, including spaces)

State

Zip Code

Home Street Address (20 characters maximum, including spaces, if different than billing address - *Required*)

City (17 characters only, including spaces)

State

Zip Code

NYU School/Division and Department: _____

Social Security Number (*Required*)

Email Address (*Required*)

Business Phone Number (*Required*)

Home Phone Number (*Required*)

X _____ Date
Employee's Signature. (*Required*) Please read the Agreement before signing.
By signing above I indicate my acceptance of the terms and conditions of the Agreement.

X _____ Date
School/Division Authorization (please sign) (print)

*All applications require a signature (name & title) of an authorized NYU School/Division Program Administrator.
By signing above I verify that the applicant is an employee of New York University.
Return application to fax 212-443-0694 (Secure fax number)

PROGRAM ADMINISTRATOR

3 7 8 2 - 7 _____
Basic Control Number

N Y U - T R A V E L - C A R D
Company Name

Veronica Neville Manager, Global Card Program Phone: 212-998-2848
Authorizer's Name Title

CORPORATE EXPRESS CASH INFORMATION-EXPANDED PROTECTION

Please process the above Cardmember application for Corporate Express Cash.
I understand that the withdrawal limit may be adjusted by American Express.
Withdrawal Limit: \$500 (per week)

IMPORTANT:
Return to:
Purchasing Card Services
Fax:212-443-0694
(SECURE FAX FOR SENSITIVE DATA)
DO NOT SEND VIA CAMPUS MAIL OR EMAIL.

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