#### CORPORATE PAYMENTS



### **PURCHASING CARD**

#### Employee:

\*Required fields must be completed or Application cannot be processed. Please complete and send to:

Please complete and send to Accounts Payable Office 820-177

#### AGREEMENT:

Company and the Applicant (a) request that a Corporate Purchasing Card be issued to the Applicant on the Company's account, (b) authorize the receipt and exchange of credit information on the Company and the Applicant, (c) agree to be bound by the Agreement sent with the Corporate Purchasing Card and by the agreements covering Corporate Purchasing Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Purchasing Card will be used for business or commercial purposes only. The Applicant authorizes American Express to notify the Company if this Application is declined or if spending restrictions are applied to the Corporate Purchasing Card. \*\* This field is optional. We may also notify you about important

account updates and services that may be suited to your needs. We will never share your email address. For information about how we protect our privacy, please visit americanexpress.com/privacy

# American Express Purchasing Card Application Application Information – Application cannot be processed without required information

Application information – Application cannot be processed without required information

Name \*Required

https://finance.northeastern.edu/forms/

**Company Name** 

#### **NORTHEASTERN UNIVERSITY**

Campus Address \*Required (example 320 RP)

City	State	Zip Code	Country
BOSTON	MA	02115	USA
Home Street Address *Required		0_110	
required Required			
		-: A :	
City	<u>State</u>	Zip Code	<u>Country</u>
NU E-mail Address *Required			
Pusiness Phone Number to			
Business Phone Number *Required			
NU ID Number (9 digit # in MyNEU)*Requ	uired		
Cardholder Signature *Required		Date	
1			

Spending	Limit II	nformatio	Î

Single Transaction Limit \$5,000.00 | Monthly Limit \$10,000

Industry Usage - check industry categories where card usage will be needed

## SELECT ONE OF THE FOLLOWING OPTIONS

Supervisory/Dept Head Signature \*Required Print Name \*Required

	Goods/Lodging for	Event Planning/Restaura	nts/Catering/Non-employee tr	ravel
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	Go	ods	On	ly
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