



COMMERCIAL CARD APPLICATION

College of Eastern Idaho · Business Office · 1600 S 25th E · Idaho Falls, ID 83404
 Card Administrator – Hope Noe · hope.noe@cei.edu · 208-535-5315

Cardholder Information – Please print clearly and complete all fields

Employee Name: _____	Legal Name as it appears on employee records
Job Title: _____	GL Account: _____ <small>(Eleven (11) Digits)</small>
Phone Number: _____	CEI Email: _____
Approving Supervisor Name: _____	

Commercial Card Limits:
 All new card accounts will be assigned standard limit of 2,000.00 for monthly transactions. Any exceptions will require the Commercial Card Maintenance Form.

Justification for Card

Authorized Signatures

By submitting this request for a Commercial Card issued through Zion’s Bank and the College of Eastern Idaho for the applicant named herein, the undersigned parties do hereby:

1. Certify that, to the best of their knowledge, information in this application is accurate.
2. Certify that the identity of the aforementioned applicant has been verified and that the applicant is a current employee of CEI and has been duly authorized by the Department Supervisor to incur expenses on behalf of CEI and their department.
3. Certify that the applicant has consented to the provisions of their information in this application and as outlined in the Commercial Card Policy/Manual and Acknowledgement of Responsibility.
4. Confirm that the applicant has consented to the issuance of a commercial card in their name, accepting full responsibility for the approval and oversight of all transactions.

Cardholder Signature: _____ Date: _____

Department Supervisor: _____ Date: _____

Distribution: Completed form to Card Administrator – Copy to be retained by Department.

To be completed by Card Administrator

Employee Status and Info Verified by:

Card Administrator Signature: _____ Date Ordered: _____

Business Office Signature: _____ Date: _____

Notes: _____

Please return completed form to the Business Office



COMMERCIAL CARD CARDHOLDER AGREEMENT

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Agreement

College of Eastern Idaho is pleased to present you with this Purchase Card. It represents trust in you and your empowerment as a responsible agent to safeguard and protect company assets.

I, _____ hereby acknowledge receipt of a CEI Commercial Visa Card. As a cardholder, I agree to comply with the terms and conditions of this Agreement.

I acknowledge receipt of said Agreement and confirm that I have read and understand their terms and conditions. I understand that CEI is liable to Zion's Bank and Visa for all CEI charges.

I agree to use this card for CEI approved purchases only and agree not to charge personal purchases. I understand that CEI will audit the use of this card and report any discrepancies.

I further understand that improper use of this card may result in disciplinary action, up to and including termination of employment. I agree that should I violate the terms of this Agreement and use the card for personal use or gain that I will reimburse CEI within thirty (30) days for all incurred charges and any fees related to the collection of those charges.

I understand the CEI may terminate my right to use this card at any time for any reason. I agree to return the card to CEI immediately upon request or upon termination of employment.

Signature

Cardholder: _____

Signature: _____

Print Name: _____

Date: _____

To be completed by Card Administrator

Approving Officers:

Card Administrator: _____

Business Office Signature: _____

Date: _____

Please return completed form to the Business Office