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## 3.467:01 Request for the PNC Bank Commercial Card for Business

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**REQUEST FOR THE PNC BANK  
COMMERCIAL CARD FOR BUSINESS**

Antioch University is pleased to offer you the Commercial Card. This card represents Antioch University's trust in you and your empowerment as a responsible agent to safeguard and protect our assets.

I \_\_\_\_\_, agree to use this card for Antioch  
Print name

University approved purchases only and agree not to charge personal purchases. I understand that Antioch University 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. I understand that Antioch University may terminate my right to use this card at any time for any reason. I agree to return the card to Antioch University immediately upon request or upon termination of employment.

As an Authorized Cardholder, I agree to read and comply with the terms and conditions of this Agreement and the Cardholder Guide.

I further acknowledge that it is my responsibility to submit receipts including cost center numbers for every transaction made on this card in accordance with the University Travel Policy 3.469. I understand that these receipts must be submitted immediately upon receipt of the monthly statements (no later than the 10<sup>th</sup> of the month following) and that chronic delinquency is cause for revocation of card privileges.

Cardholder Name: (printed) \_\_\_\_\_ AUeID#: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Antioch Phone: \_\_\_\_\_

Campus \_\_\_\_\_

Social Security #: **XXX-XX-** \_\_\_\_\_ Antioch e-mail address: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ GL Allocation: \_\_\_\_\_ (default)

Control Group: \_\_\_\_\_ assigned/approved by Pres. or CFO

**APPROVED BY:**

(printed) \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

To obtain corporate card, submit to Antioch University, Office of the Vice Chancellor & CFO, Attn: Payroll Staff Accountant 888 Dayton Street, Suite 102, Yellow Springs OH 45387 Fax: 937-769-1377

Approved: Program Admin: \_\_\_\_\_ Date: \_\_\_\_\_

Card Requested: \_\_\_\_\_ Card Received: \_\_\_\_\_