



P.O. Box 57510  
Salt Lake City, UT 84157-0510  
FAX: (801) 590-1320

## Suffolk University Corporate Card Application

### EMPLOYEE INFORMATION

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Business Address YES Not Necessary  
Expedite Delivery

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Business Phone Email Address Date of Birth (month/day/year)

\_\_\_\_\_  
Department Name Job Title Supervisor's Name

\_\_\_\_\_  
Mother's Maiden Name Last 4 digits of Social Security Number

### COMPANY INFORMATION

Suffolk University

\_\_\_\_\_  
Company Name  
8 Ashburton Place

\_\_\_\_\_  
Company Address  
Boston, MA 02108

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Monthly Credit Limit Purchasing Single Trans. Limit Default Budget Number (Required)

### EMPLOYEE / APPROVAL SIGNATURES

\_\_\_\_\_  
Signature of Applicant / Date

\_\_\_\_\_  
Department Head Approval / Date

\_\_\_\_\_  
Dean Approval (if Applicable) / Date

\_\_\_\_\_  
Business Office Approval / Date