



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

Suffolk University Corporate Card Application

Co # _____

EMPLOYEE INFORMATION

First Name Middle Initial Last Name

Business Address

City State Zip

() _____
Business Phone Date of Birth (month/year) _____

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

Email Address Job Title

COMPANY INFORMATION

Suffolk University

Company Name
8 Ashburton Place

Company Address
Boston, MA 02108

City State Zip

Monthly Credit Limit Purchasing Single Trans. Limit Entertainment Single Trans. Limit

3 Digit Department/Cost Center Default Budget number (required)

EMPLOYEE / APPROVAL SIGNATURE

Signature of Applicant / Date Department Head Approval / Date

Dean Approval (if Applicable) / Date Business Office Approval / Date