

# OBERLIN

COLLEGE OF ARTS & SCIENCES  
CONSERVATORY OF MUSIC

## CREDIT CARD APPLICATION

TYPE OF CARD:  P Card(9013)  Travel Card(0411)

### EMPLOYEE INFORMATION (Must be Printed)

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

\_\_\_\_\_  
Department Campus Phone Country of Citizenship

\_\_\_\_\_  
Business Street/Shipping Address Address Line Two

OBERLIN OHIO 44074- \_\_\_\_\_  
City State Zip w/plus four E-Mail Address

\_\_\_\_\_  
Home Address City State Zip Code w/plus four

\_\_\_\_\_  
Date of Birth (MM/DD/YY) Home Phone Number Cell Phone Number

\_\_\_\_\_  
SSN (Last 4 characters Only) Employee ID (T#) Security ID  
(1st four letters of mother's maiden name)

If applicable, I approve the appointment of : \_\_\_\_\_  
Employee Name  
\_\_\_\_\_  
Office Address

as a designated "cardholder liaison" to assist the designated cardholder with documentation and monthly reconciliation requirements.

### CONTACT INFORMATION (Please return application to: PURCHASING & AUXILIARY SERVICES )

Rick Snodgrass 440-775-8080  
Kris Webber 440-775-8838  
Jim Klaiber 440-775-6648

Applicant, by signing this form you acknowledge the terms of the Oberlin College Purchasing Card Agreement.

Default FOAP: 10010 \_\_\_\_\_ 7001 \_\_\_\_\_  
Fund Org Account Program

### EMPLOYEE /APPROVAL SIGNATURES

\_\_\_\_\_  
Applicant/Cardholder signature Date Print name

\_\_\_\_\_  
Department Head signature Date Print name

\_\_\_\_\_  
Division Head signature Date Print name