

**Corporate Card System
Card Application
Individual Billing**



Citicorp Diners Club Inc.
P.O. Box 5064
Denver, CO 80217-5064

*******INSTRUCTIONS:**

- (1) Complete form and sign.
- (2) Obtain Supervisor's approval signature.
- (3) Fax to: 865-241-5219

Please Type or Print All Information

For Organization's Coordinator Use	
Summary Account Number	
_	_

Applicant Information

First Name _____	Middle _____	Last _____	() () Business Telephone (include area code)	Home Telephone (include area code)
Social Security Number _____			Date of Birth _____	
Mother's Maiden Name (for your security) _____			E-mail (for future communications) _____	
Employee Signature* _____ <small>*See back for legal disclosures</small>			Company Name _____	
Manager/Supervisor Signature _____			Position/Title _____	
Billing Address _____			E-mail Address _____	
City _____			State _____ Zip _____	
Estimated monthly spending on Corporate Card Account _____				

Applicant Signature

Applicant requests that he/she be issued a Diners club Corporate Card and authorizes his/her Organization and Citibank (South Dakota), N. A. and its service provider, Citicorp Diners Club Inc. (collectively Diners Club) to exchange information concerning the applicant, including whether a Diners Club Card was issued. Applicant authorizes Diners Club to obtain credit information concerning Applicant. In consideration of the issuance to and use of the Diners Club Card by Applicant, the Applicant agrees to assume liability in accordance with the applicable Diners Club Corporate Card Program Cardmember Account Agreement for all charges incurred by use of the Diners Club Card issued to applicant. Applicant agrees that information about my Account, including information about any transaction or indebtedness may be transferred by Diners Club confidentially and internationally within Diners Club International, other Diners Club franchises, the Citigroup Companies and their affiliates and to my employer, its parent and affiliates.

Applicant Signature _____	Date _____	Manager/Supervisor Signature _____	Date _____
X		X	

General Information

Do you currently have a Diners Club Corporate Card that you use for business? Yes (Account No.) _____ No

Do you currently have a Diners Club Personal Card? Yes (Account No.) _____ No

Do you currently have a different card that you use for business? Yes (Name of Card) _____ No Is this a personal card or a corporate card? (Check one)

Do you belong to any professional or trade associations? Please list _____

To which publications do you subscribe for business purposes? _____

To which frequent travel programs, if any, do you belong (e.g. frequent flier programs)? _____

What is the best method to provide you with Cardmember information? (Check one)

Statement Insert Statement Message Separate Mailing Internet E-mail Travel Manager Other (Please specify) _____

Organization Information and Authorization

Name of Organization Requesting Issuance of Card
OAK RIDGE ASSOCIATED UNIVERSITIES

Address of Organization - Street
P. O. BOX 117

City - State - Zip
OAK RIDGE, TN 37831-0117

Field 1 (10 Characters)	Field 2 (10 Characters)	Field 3 (10 Characters)	Field 4 (10 Characters)	Field 5 (10 Characters)
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Management Authorization (Please print) ROSIE BROWN	Authorization Management Title (Please print) TRAVEL MANAGEMENT SPECIALIST
Authorization Signature X	Date _____
	Processed by _____

NOTE: See Reverse Side For Important Information • Return your completed enrollment form to your program coordinator.