

DECLINING BALANCE CARDHOLDER APPLICATION

ALL REQUESTED INFORMATION AND SIGNATURES MUST BE PRESENT ON THIS DOCUMENT PRIOR TO THE APPLICATION BEING PROCESSED. A NON-CATALOG ORDER MUST BE PROCESSED THROUGH BUYWAY FOR THE AMOUNT OF THE CARD PAYABLE TO JP MORGAN CHASE BANK, VENDOR CODE JPMCHBA, AND EACH PRODUCT DESCRIPTION LINE SHOULD BE "DECLINING BALANCE CARD AND NAME OF EACH CARDHOLDER. THE APPLICATION CANNOT BE PROCESSED WITHOUT THE PO NUMBER

PO Number _____ Online Access for Declining Balance Credit Card YES NO

Travel Start Date ____/____/____ Travel End Date ____/____/____

Full Name of Card Holder _____

Cardholder E-mail Address _____

Banner Plus Number + _____ 4-Digit Verification Code: _____
(Can be letters or numbers or both)

Country of Citizenship _____

Last 4-Digits of SS# _____ Date of Birth ____/____/____

Home Address _____

Work Address _____ Office Phone _____

Workshop Name _____

Workshop Index Code _____ Account Number _____

Department Name _____ Cell Phone _____

Cardholder Signature _____

Dept. Head Approval Signature _____

Global Initiatives Signature _____

Per Transaction Limit _____ Card Limit _____

Date Cards Needed ____/____/____

ATM Withdraw(s) **not** to exceed \$2500 in a cycle period

RETURN ORIGINAL FORM TO:
ACCOUNTS PAYABLE
107 ROUDEBUSH HALL
513-529-9200

QUESTIONS- EMAIL ACCOUNTSPAYABLE@MIAMIOH.EDU

