



For Organization's Coordinator Use															
Summary Account Number															

Please Type or Print All Information

Applicant Information

Name (First-Middle-Last)

Home Address - Street

Home Address - 2nd line

City - State - Zip Code

Telephone Numbers (Including Area Code)		E-mail Address
Business	Home	
Social Security Number	Date of Birth (MM-DD-YY)	Mother's Maiden Name
Applicant's Position/Title	Applicant's Diners Club Experience	Present Cardmember Former Cardmember
		Account Number

Would you like to designate another person to manage your account? If so, please list:

Name	Relationship
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Applicant Signature

Applicant requests that he/she be issued a Diners Club Corporate Card.

Applicant Signature	Date	Manager/Supervisor Signature	Date
X		X	

Organization Information and Authorization

Name of Organization Requesting Issuance of Card

Address of Organization - Street

City - State - Zip Code

Anticipated Monthly Charge Activity

\$

Management Information (to be completed by Organization's Coordinator)

Field 1	Field 2	Field 3	Field 4	Field 5

Management Authorization (Please Print)	Authorization Management Title (Please Print)	
Authorization Signature	Date	Processed By
X		

DO NOT ENCLOSE CHECK