Corporate Card System Card Application - Central Billing

Applicant Information Name (First-Middle-Last)



Citicorp Diners Club Inc. P.O. Box 5064 Denver, CO 80217-5064 Return form to **UM Travel Services**

Please Type or Print All Information

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For Organization's Coordinator Use

Home Address - Street Home Address - 2nd line City - State - Zip Code Telephone Numbers (Including Area Code) E-mail Addre **Business** Home Social Security Number Date of Birth (MM-DD-YY) Mother's Ma Applicant's Diners Club Applicant's Position/Title Present Ca Experience Fomer Car Would you like to designate another person to manage your account? If so, please list: Name Re **Applicant Signature** Applicant requests that he/she be issued a Diners Club Corporate Card. Applicant Signature Date Manager/Supervisor Signal **Organization Information and Authorization** Name of Organization Requesting Issuance of Card Address of Organization - Street City - State - Zip Code Anticipated Monthy Charge Activity Management Information (to be completed by Organization's Coordinator) Field 2 Field 1 Field 5 Field 3 Field 4 Management Authorization (Please Print) Authorization Management Title (Please Print) **Authorization Signature** Date Processed By

DO NOT ENCLOSE CHECK

Print, sign and return application to University of Maryland Travel Services, 2107 Patapsco Bldg., College Park, MD 20742-6711, 301.405.0607. DC-1086 (8/00)