



“One Card” Application

Date: _____

Check one:

Apply for new card

Update existing account information

Name: _____ Employee or Student ID #: _____
(Last) (First)

Cardholder Name Requested if Different From Above: _____

Date of Birth: _____ CU Extension: _____

Email address: _____ CU Box #: _____

Supervisor’s Name: _____

Supervisor’s Employee ID #: _____

Supervisor’s email address: _____

Supervisor’s Departmental Budget: _____

As a cardholder in the Clarkson University Purchasing Card Program, I agree to accept responsibility for proper use and protection of the “One Card” as stated in the Cardholder Agreement. The Cardholder Agreement can be viewed via the link: http://www.clarkson.edu/finance/files/onecard_user_agreement.pdf (You will be asked to execute the Agreement during training.)

Cardholder Signature: _____ Date: _____

Supervisor’s Signature: _____ Date: _____

Purchasing Department Signature: _____ Date: _____