

West Virginia Travel Card

Card Application - Individual Billing

Please Type or Print All Information

Applicant Information						
Name (First/Middle/Last)						
Home Address - Street		Billing Address - Street (if different from home address)				
Home Address - 2nd Line		Billing Address - 2nd Line				
City - State - Zip		Billing Address - 3rd Line				
Telephone Numbers (include area code)		City - State - Zip				
Business ()	Home ()					
Social Security Number	Date of Birth (MM-DD-YY)	Mother's Maiden Name				
Applicant's Position/Title		Gross Annual Income				

E-Mail Address

Applicant Signature

Applicant requests that he/she be issued a United Bank Travel Card and authorizes the State of West Virginia and United Bank, Inc. to exchange information concerning the Applicant, including whether or not a United Bank card was issued. Applicant authorizes United Bank to obtain credit information concerning the Applicant. In consideration of the issuance to and use of the United Bank card by the Applicant, the Applicant agrees to assume liability in accordance with the applicable United Bank Travel Card for all charges incurred by use of the United Bank card issued to the Applicant. I understand that this Travel Card is to be used for official use only for the State of West Virginia business.

Applicant Signature X	Date	Manager/Supervisor Signature X		Date	
	Information and Auth	orization (for official use	only)		
Name of Organization Requestin	ng Issuance of Card (this information	n will appear on the card and is limited to 21 ch	aracters)		
Address of Organization - Street					
City - State - Zip	ty - State - Zip		Applicant's Estimated Monthly Travel Expenses		
Management Information (Complet	ed by Travel Coordinator / Manager)				
Field 1	Field 2	Field 3	Field 4	Field 5	
Travel Coordinator / Manager Na	IME (please print)		Date		
Authorization Signature X					
UB-0001G (01/03)					
Credit Line Requested \$		Travel Related Business Purchases Only Ses No (Hotel / Motel / Restaurant / Vehicle Rental / Gas / Airlines / etc.)			
Cash Advance / ATM Access Restrictions(if any) Daily	Monthly	Retail Purchases Allowed? Yes No (Auto Parts / Office Supply Store / Discount Merchandise / etc.)			
For Bank Use Only Application ID				Credit Limit	
Account #				Authorization Strategy	
Member FDIC					