



**Instructions:** *This form is used to reinstate an American Express® Corporate Card. Reinstatement requests are accepted from campus faculty and staff who are frequent business travelers and have previously obtained the Card while employed at SJSU. Applicant and Applicant's Approving Official are to complete and sign page 1. Applicant also completes and signs page 2. Submit both pages of completed form to Business Information Center by campus mail.*

Section 1: Applicant Information	
<i>Attached is my reinstatement request for the American Express® Corporate Card. I understand that I will be liable for all charges and that I am responsible for timely payment of any charges, including any interest levied. I agree to utilize the card solely for University business and agree to surrender my card upon request or termination of my employment for any reason.</i>	
Applicant's Name (First/MI/Last):	Campus Phone:
Department Name:	Extended Zip:
Direct Supervisor's Name:	Supervisor's Title:
Applicant's Signature:	Date:

Section 2: Authorization	
<i>Authorization is granted for this individual to reinstate their American Express® Corporate Card for business travel expenses.</i>	
<sup>1</sup> Approving Official's Name:	Phone:
<sup>1</sup> Approving Official's Signature:	Date:

<sup>1</sup>Applicant's Manager or Supervisor is their Approving Official. Applicant's cannot be their own Approving Official.

PASS/American Express Card Application/Revised May 2005.

Page 1 of this form is to be retained in PASS/BIC. DO NOT MAIL (this page) to American Express.

Completed application must be faxed (without a cover sheet) to (602) 744-8894

NOTE:  
Requests for Reinstatement of Corporate Express Cash and/or Corporate Travelers Cheques are to be made by reapplying for Corporate Express Cash and/or Corporate Travelers Cheques separately.

All information must be provided before processing can proceed. Application will not be processed if the account has been sent to an Outside Collection Agency or if the account has aged 180 days past due.

Spending restrictions may be imposed if the account is reinstated.

All requests will be subject to external credit checks. Both Applicant and Program Administrator will be notified my mail of the decision.



# Request For Corporate Card Reinstatement

## APPLICANT INFORMATION

Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Cancelled Account # \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

**X**

**Applicant's Signature** (required)

By signing above I indicate my acceptance of the terms and conditions of the Agreement below.

## COMPANY INFORMATION

San Jose State Univ                      not applicable  
Company Name                              CID                                      BCA#

Norma Lorigo                                      408-924-1686

Program Administrator's Name                      Program Administrator's Telephone

One Washington Square, San Jose, CA 95192-0047

Program Administrator's Mailing Address

**X**

**Program Administrator's Signature** (required)

By signing above I indicate my acceptance of the terms and conditions of the Agreement below.

Agreement: Company and the Applicant (a) request that a Corporate Card be issued to the Applicant on the Company's account, (b) authorize the receipt and exchange of credit information on the Company and the Applicant, (c) agree to be bound by the Agreement sent with the Card and by the Agreements covering Corporate Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Card will be used for business or commercial purposes only. The Applicant (a) authorizes American Express to notify the Company if this application is declined or if spending restrictions are applied to the Corporate Card, and (b) agrees to be liable for payment to American Express of all amounts charged to the Corporate Card.

## DO NOT COMPLETE - INTERNAL USE ONLY

**Reinstatement Decision: Fully Functional / FSF / Decline**

**Limit (if any): Overall \$ \_\_\_\_\_ Retail \$ \_\_\_\_\_ Early Suspension Code Y / N**

**Internal History**

**Applicant Credit Bureau Score**

**Decline Reasons (if any)**

**Decision By:**

**Title/Area**

**Corporate Services**