APPLICATION FOR BANK OF AMERICA PURCHASING CARD DEPARTMENT DESIGNEE

Section 1: Designee Information

Last Name: _____ First Name: _____ Middle Initial: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

E-mail Address: _____ ^ h u ‰ o } Ç / · W z z z z z z z z z z z z z z z z z z z z

Section 2: List of Cardholders Under This Department Designee

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Name: _____ CSU Employee ID #: _____ Dept: _____

Section 3: Signatures