



# STATE OF TEXAS - Corporate Travel Charge Card Application

APPLICANT, please complete all items. Incomplete application will NOT be processed.

Name: (As you want it to appear on card-MAX 23 characters including spaces)

Home Address: (Street Address)

City/State/Zip

Home Phone Number

### Applicant:

Please complete form and send to:

Charlotte Mikulec  
MS 3124  
TEES Fiscal Office

Billing Address\*\*: (Street Address) \*\*If different than Home Address

Work Phone Number

City/State/Zip

Current Salary (Optional)

Social Security Number:

State Agency/Univ #: 712

Internal Accounting Code

(Entire ssn required for processing request)

(Three digit number)

(Max 22 digits)

Your signature indicates that you are 18 years or older, the above information is true and correct, you are:  a U.S. Citizen or national,  a lawful Permanent Resident,  an alien authorized to work until \_\_\_\_\_, and your state agency or university has authorized your use of the Bank of America Corporate Travel Charge Card. You agree that Bank of America may verify your information and obtain credit reports. You authorize Bank of America to notify your state agency or university of the Bank's approval or decline of your application. If your application is approved, you agree to be bound by the Corporate Card and Commercial Card Cardmember Agreement which we will send with each card. NOTICE: INFORMATION ON CARD USAGE IS DISTRIBUTED TO TEXAS BUILDING AND PROCUREMENT COMMISSION (TBPC) AND THE USER'S STATE AGENCY.

Applicant's Signature (Application will not be processed without signature.)

Date Signed

N/A

Departmental/Supervisor's Signature

Date Signed

(Optional based on state agency's internal policies.)

### Program Administrator Information

Please complete all items or application WILL NOT BE PROCESSED.

262

117.260.262.2

BOA Assigned Company #:

BOA Assigned Hierarchy Number

(three digit number) Not SA Code

(Entire hierarchy string, which begins with 117.XXX, etc)

TX Engr Exp Sta; 712

State Agency/University Name & 3-digit number (23 characters only, including spaces)

Mailing Method:

- US Mail
- Cardholder
- State Agency Address
- Overnight
- Alternate Address (next section required for processing)

If Alternate Address, please complete below for processing:

Recipient's Name:

Physical Address:

City/State/Zip

NO PO BOX's or will send Regular Mail to Cardholder

Authorized Signer: (Please provide signature, printed name & date)

Date Signed

979-845-1451

979-862-2352

Phone Number: (REQUIRED- Please include area code)

Fax Number: (REQUIRED)

Requested Credit Limit: \$

### For Bank Use ONLY

Bank/Agent Number: 3564 / 0118

Extension Record: TXRETAIL (leave action blank) w/ \$200 cycle limit

Application Status: \_\_\_ Approved \_\_\_ Declined

Credit Approving Officer:

User Code 2: 0000000000000112

### Program Administrator:

Charlotte Mikulec

Please complete form and fax to:

757-533-7999

PA Name:

Charlotte Mikulec

PA phone #:

979-845-1451

PA fax #:

979-862-2352