

**LEHIGH UNIVERSITY OFFICE OF INSTITUTIONAL PURCHASING  
JPMORGAN CHASE PURCHASING CARD  
ENROLLMENT FORM**

**Please provide all information and return to Purchasing for processing.  
If you have questions, please call Purchasing at 83840.**

<b>CARDHOLDER INFORMATION</b>	
<b>First Embossed Line: Name of individual to Appear on Card (Must be full time staff or faculty member)</b>	
<b>Second Embossed Line: Department or Project Name</b>	
<b>Cardholder Campus Mailing Address</b>	
<b>Cardholder or Primary Card Administrator Phone Number</b>	
<b>Cardholder or Primary Card Administrator Fax Number</b>	
<b>Cardholder OR Primary Card Administrator E-Mail Address</b>	
<b>Default Account Number (Cost Center)</b>	
<b>Monthly Credit Limit (The Maximum is \$20,000; the credit limit can be set at \$20,000 or less.)</b>	
<b>SINGLE TRANSACTION LIMIT</b>	<b>\$2,000 (STANDARD LIMIT).</b>
<b>MAXIMUM DAILY TRANSACTIONS</b>	<b>TWELVE (STANDARD LIMIT)</b>
<b>SPECIAL HANDLING</b>	<b>CODE 1</b>

<b>MOTHER'S MAIDEN NAME</b>							
<b>Last Four Digits of Lehigh ID</b>							
<b>EMPLOYMENT STATUS</b>	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;"><b>Full Time</b></td> <td style="width: 20px;"></td> <td style="text-align: center;"><b>Part Time</b></td> <td style="width: 20px;"></td> <td style="text-align: center;"><b>Other</b></td> <td style="width: 20px;"></td> </tr> </table>	<b>Full Time</b>		<b>Part Time</b>		<b>Other</b>	
<b>Full Time</b>		<b>Part Time</b>		<b>Other</b>			
<b>SIGNATURE OF APPLICANT/DATE</b>	Signature/date						
<b>PRINTED NAME OF FINANCIAL MANAGER</b>	Name/date						
<b>SIGNATURE OF FINANCIAL MANAGER</b>	Signature/date						

**THE PURCHASING CARD CARDHOLDER AGREEMENT (PAGE 2 OF THIS ENROLLMENT FORM) MUST BE SIGNED BY THE PERSON(S) WHO WILL BE RESPONSIBLE FOR THE USE OF THE PURCHASING CARD.**

**LEHIGH UNIVERSITY  
OFFICE OF INSTITUTIONAL PURCHASING  
JPMC PURCHASING CARD CARDHOLDER AGREEMENT**

I, \_\_\_\_\_, as the Cardholder, agree to the following conditions regarding my use of the Lehigh University Purchasing Card:

1. I understand that by using the Purchasing Card, I will be making financial commitments on behalf of Lehigh University and that the University will be liable for all charges made with the Purchasing Card.
2. I will strive to obtain the best value for the University when purchasing merchandise and/or services with the Purchasing Card.
3. I agree to use the Purchasing Card only for authorized purchases and in an appropriate manner, as defined in the Purchasing Card Program Policies and Procedures Manual. I agree to submit my signed statement and all support documentation to Accounts Payable within thirty (30) days after the statement is received.
4. I understand that should I make an unauthorized purchase with the Purchasing Card or use the Purchasing Card in an inappropriate manner, I will be subject to disciplinary action including possible reduction or removal of Purchasing Card privileges, payroll deduction, or termination of employment at Lehigh University and criminal prosecution.
5. I understand that the University will monitor and audit my use of the Purchasing Card.
6. I agree to return the Purchasing Card to an authorized University representative, as defined in the Purchasing Card Program Policies and Procedures Manual, immediately upon the request of the Purchasing Card Program Administrator or upon termination of my employment at the University.
7. I have received a copy of the Lehigh University Purchasing Card Program Policies and Procedures Manual and will abide by all the requirements set forth in said Manual.
8. I understand that failure to adhere to this policy might be cause for the card to be closed and canceled.

My signature below indicates that I have read this agreement, understand it and agree to be bound by it, and any subsequent amendments or addenda, for as long as I am a Purchasing Cardholder at Lehigh University.

Date:

Employee (cardholder) signature:

Account Executive signature: