



Corporate Card Program

Cardmember Application

Club Rewards®/Club Cash® Enrollment Individual Billing

Forward Completed Applications to

Kathryn Wright Credit Card Administrator

OJN 320 Fax:905-572-1015

kwright@mcmaster.ca

**Application cannot be processed without this required information.*

DINERS CLUB® CORPORATE CARD ENROLLMENT (EMPLOYEE INFORMATION) (PLEASE ALLOW 21 CHARACTERS FOR FIRST, MIDDLE AND LAST NAME ONLY)

TITLE _____ *FIRST NAME _____ MIDDLE _____ *LAST _____

*HOMESTREETADDRESS (no P.O.Box) _____ *Cell Phone # _____

HOME STREET ADDRESS (no P.O. Box) _____ CITY _____ Prov _____ PC _____

*Campus Location _____

*BUSINESS TELEPHONE (_____) _____ Ext _____

*DATE OF BIRTH DD MM YYYY *E-MAIL ADDRESS _____

If you provide an e-mail address, we may use it to contact you about your account

Language Preference English French

CLUB CASH® ENROLLMENT (Automatic) PARTICIPATION AND APPROVAL BY THE ORGANIZATION IS REQUIRED BEFORE ENROLLMENT.

At the request of your Organization, you may enroll in the Club Cash program. With Club Cash access, cash for business expenses is as close as the nearest Automated Teller Machine (ATM). All you need is your Diners Club Corporate Card and your Personal Identification Number (PIN) to access cash at Interac® ATMs in Canada and Cirrus® ATMs worldwide, 24 hours a day, seven days a week.

By checking this box, I ask to be enrolled in the Club Cash program.

Bank of Montreal will choose your PIN and mail it to you. Upon receipt of your assigned PIN, if you would prefer to replace it with a PIN of your choice, you may do so at any BMO Bank of Montreal Automated Teller Machine (ATM).

APPLICANT SIGNATURE (mandatory)

Diners Club Cards in Canada are issued by Bank of Montreal. "I", "me" and "my" mean the Applicant/Cardmember herein. For the benefit of Bank of Montreal (the "Bank"), I: (i) certify that the information provided on this form is true and accurate; (ii) request the issuance of a Diners Club Corporate Card ("Card") and the renewal or reissuance of Cards to me from time to time at the Bank's discretion; and (iii) agree that any Card issued as a result of this request will be governed by the Cardmember Agreement provided at the time the Card is issued, and as amended by the Bank from time to time, which Cardmember Agreement will become effective when I activate, sign or use the Card or the Card account. I understand that it is my responsibility to notify the Bank immediately at the customer service number shown on my billing statement if my Card is lost or stolen.

I understand that any of the benefits or enhancements available to a holder of a Card may be varied or terminated from time to time and some may only be available if I enter into separate agreements. I acknowledge some benefits or enhancements are supplied by firms independent of the Bank and the Bank is not responsible or liable for anything in connection with those benefits or enhancements.

I agree to use the Card and Card Account only in accordance with the procedures and guidelines established by my employer for its legitimate business purposes and not for personal purposes. I agree that the Bank may provide Card account statements and any notices regarding my Card account posting them on the Bank's eAccount Manager Website.

I AUTHORIZE THE BANK TO OBTAIN INFORMATION ABOUT ME FROM MY EMPLOYER, THIRD PARTIES, INCLUDING CREDIT REPORTING AGENCIES AND ANY OTHER PARTY THE BANK DETERMINES NECESSARY OR ADVISABLE IN CONNECTION WITH THE ADMINISTRATION OF THE CARD ACCOUNT. THE BANK MAY DISCLOSE INFORMATION REGARDING THIS APPLICATION AND THE CARD ACCOUNT TO MY EMPLOYER AND THIRD PARTIES INCLUDING CREDIT REPORTING AGENCIES.

MONTHLY CREDIT LIMIT REQUEST

\$15,000 \$20,000* \$30,000* *Brief Justification _____

(*Justification required for monthly credit limit of \$20,000 and over)

Applicant Signature

X _____ Date _____

ORGANIZATION INFORMATION AND AUTHORIZATION

NAME OF ORGANIZATION REQUESTING CARD ISSUANCE McMaster University
 ADDRESS 1280 Main Street West CITY Hamilton PROVINCE ON POSTAL CODE L8S4L8
 APPLICANT'S ESTIMATED MONTHLY EXPENSES _____

Cardmembers will be assigned a daily and weekly cash advance limit in accordance with Bank of Montreal's policy and its agreement with the Organization. If different limits are desired for this Applicant, please call Client Services at 1 800 663 1527. Bank of Montreal must approve exception limits.

MANAGER/SUPERVISOR

I authorize the applicant to obtain a Diners Club Corporate card for the business use of Travel and Hospitality related expenses during their employment/ association with McMaster University. Should the individual no longer be employed or associated with McMaster University I am responsible to ensure the card is paid in full and advise the Credit Card Administrator to cancel the Diners Club Corporate card immediately. Should the employee/cardholder fail to pay the Diners Corporate card in full the Department assumes liability for the outstanding balance.

Manager/Supervisor Authorized Signature:

NAME	SIGNATURE	DATE
X _____	X _____	_____

CARD PROGRAM ADMINISTRATOR

NAME	SIGNATURE	DATE
_____	X _____	_____

TREASURY

NAME	SIGNATURE	DATE
X _____	X _____	_____

FOR Bank of Montreal USE ONLY

DATE _____	PROCESSED BY _____
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