

**VISA TRAVEL Credit Card APPLICATION** (Joint and Several Liability)

**CARDHOLDER’S NAME (***NOTE: LIMITED TO MAXIMUM 21 characters)*

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| **First Name:** | **Initial:** | **Last Name:** |
| **Business Phone Number:** | **(519) 253-3000 ext.** |
| **Business E-mail Address:** |  **@uwindsor.ca** |
| **Department Name:** |  |
| **Significant Date\*:**  |  |
| **\* You must assign your own significant date. It is required by the bank for security reasons. It must be a valid DATE (8 digits) format MMDDYEAR (example 12011941).** |

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| **My signature indicates that I have completed the mandatory online Travel Card Training and Quiz and that I also agree to adhere to the policies and procedures established for the program and be bound by the provisions of the Scotiabank Visa Travel Card Agreement.** |
| **Cardholder Name (please print):**  |
| **Cardholder’s Signature: Date:**  |

**DEPARTMENTAL APPROVAL**

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| **Request Approved by:** ***(Print name of the Cardholder’s Dept. Head/Director/Manager):***  |
| **Title of above:** |
| **Phone Number:**  | **(519) 253-3000 ext.** |
| **Signature: Date:** |

**PURCHASING SERVICES USE ONLY:**

|  |  |
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| **Date Card was Requested:** |  |
| **Scotia Confirmation Number:** |  |
| **Date Cardholder Completed the Online Quiz:** |  |
| **Date Cardholder Picked up Card:** |  |
| **Purchasing Card Administrator Signature:** |  |
| **Procurement Manager Signature:** |  |

*Completed applications should be submitted to* *Purchasing Services**.*