

# UB Foundation Activities, Inc. Business Credit Card Application

## **Directions**

Complete and email forms to:  
ubf-ap@buffalo.edu

Please allow 3 weeks for receipt of card. A UBF representation will email you when ready for pick up and training.

## **Part I - Cardholder/Applicant Information**

NAME ON CARD: *(Individual who can make purchases with the card)*

Title:

UBIT Name:

UB Person Number:

Department:

Address:

Email:

Phone #:

## **Part II - Account and Card Limits**

Default UBF Account Number:

*(Account to charge pending reconciliation process)*

### Single Transaction Limit

Maximum single transaction limit of \$2,500

### Total Monthly Limit

Maximum total monthly limit of \$10,000

## **Part III - Authorization**

By signing below, the cardholder acknowledges this Business Credit Card is to be used for authorized business purposes only, and that the cardholder will be held personally responsible for any activity that is not approved or does not comply with UBFA, University and departmental spending policies.

Cardholder/Applicant Signature:

Date:

Supervisor Signature:

Date:

Unit Business Officer Signature:

Date:

*(Or designee)*

## **Business Office Use Only**

Approved by:

Date:

Card Number

Date Issued: