



**US BANK VISA PERSONAL LIABILITY  
TRAVEL CARD APPLICATION**

University Hall 365  
Phone: (818) 677-2945  
Mail Code: 8202

**APPLICANT INFORMATION:**

CSUN ID: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

**HOME ADDRESS:**

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Department Name: \_\_\_\_\_ Office Phone: 818-677- \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

I understand and agree to the following terms (Initial each line):

\_\_\_\_\_ This card will be used for business related travel charges only.

\_\_\_\_\_ Payment in full is due and remitted to U.S. Bank upon receipt of the U.S. Bank statement.

\_\_\_\_\_ I am liable for all charges on the credit card. Non-payment will adversely affect my personal credit rating. Late charges will not be reimbursed by the University.

\_\_\_\_\_ Should I default on payment of the credit card or use it for personal expenses, the card will be cancelled and no new card will be issued.

\_\_\_\_\_ I have read and understand the [CSUN Personal Liability Travel Card Guidelines](#).

*Please be advised that your Social Security number will be provided to US Bank.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Dean/MAR/Director's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**PLEASE RETURN THE ORIGINAL FORM TO CSUN TRAVEL – MD-8202**