

**Commercial Card
CARDHOLDER AGREEMENT****Cardholder Application****To be completed by the applicant**COMPANY LEGAL NAME City of Middletown, Connecticut *Borrower*

The undersigned Cardholder, who is an employee or agent of Borrower, in consideration of the issuance and use of a Fifth Third Bank Commercial Card ("Commercial Card"), hereby agrees to the following:

1. Use of the Commercial Card shall be governed by the Commercial Card Terms and Conditions which will accompany the Commercial Card.
2. Cardholder agrees to safeguard the Commercial Card from unauthorized use and shall inform Fifth Third Bank of any unauthorized use as soon as said use is discovered.
3. Cardholder agrees that the Commercial Card shall be used only for the business purposes of Borrower and within the employment or agency relationship between Cardholder and Borrower.

Name:		Social Security Number:	
Department:		Work Phone:	
Mother's Maiden Name:			
Please sign below and return this form to your department head or director			
Signature:		Date:	

To be completed by the applicant's department director

I approve deny this application to hold a City of Middletown p-card.
(please attach completed MCC and limit charts)

Statement Mailing Address:	Middletown, CT 06457		
Signature:		Date:	

To be completed by the Director of Finance

I approve deny this application to hold a City of Middletown p-card.

Signature:		Date:	
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To be completed by the Purchasing Card Program Administrator

I approve deny this application to hold a City of Middletown p-card.

Signature:		Date:	
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Fifth Third Bank: Please see attached MCC and limit criteria. Do not process this form unless all approvals and signatures are present. Contact 860-344-3465.

**Cardholder Application/
Supplemental Questionnaire****To be completed by the applicant****Applicant's Name:****1. What job-related purchases do you ordinarily make?****2. Do you make purchases for other members of your department/office? Who?****3. What would you use your purchasing card to purchase?****4. Who is your immediate supervisor? (name, title, & department)**