



SI

# CARDHOLDER ENROLLMENT FORM

## EMPLOYEE INFORMATION

New Emp   Transferred Emp   Current Emp   Have you ever obtained an SMU Card? Y   N

Hire Date: \_\_\_\_\_

Employment Status FT

(\$SSOLF D W L R Q P X V W E H V X E P L W W H G D W O H D V W 2 Q O D V X O Q W H L B H K L B S H O B D W M P U

Department Name: \_\_\_\_\_

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

PO BOX 750 \_\_\_\_\_ DALLAS TX 75275-  
Statement Address (SMU P.O. Box #) REQUIRED City State Zip Code

Cardholder Home Address \_\_\_\_\_ City State Zip Code

E-mail Address \_\_\_\_\_

Business Phone \_\_\_\_\_

Date of Brth (mm/dd/yyyy) \_\_\_\_\_

SMU Employee ID \_\_\_\_\_

## CARDHOLDER DEFAULTS

SMU Card Profile: Purchase & Travel   Purchase Only   Travel Only

Card Spending Limits: Single Limit   Monthly Limit  
\$1,000 / \$5,000 (standard)

\$ / cgi4Tw 199 7.1 9.9hi03f 9i1

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SOUTHERN METHODIST UNIVERSITY  
SMU CARD CARDHOLDER AGREEMENT

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I (employee name) \_\_\_\_\_, as the Cardholder, I agree to the following

## CONFLICT OF INTEREST

Unless specific written exception has been obtained from the Vice President of Business and Finance, no employee, officer, or agent of the University shall participate in the selection, award or administration of purchases or contracts ~~or~~ to his or her knowledge the employee, his or her immediate family, or partner has a financial interest in a supplier's organization.

Employees, officers, and agents of the University shall neither solicit nor accept cash, gratuities, favors, or ~~any~~ thing of monetary value from suppliers or potential suppliers.

The Cardholder will abide by the University Policies of § 6 01B 10