

# Individual Liability Corporate Card/Corporate Travel Card Application

## Employee Information

Please print or type:

Name as it should appear on card (FN, MI, LN): \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Years of Service with Company: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Street/Home Address: \_\_\_\_\_  
(No P.O. Box Please)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Statement/Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employee Email: \_\_\_\_\_

## Company Information

This section is to be completed by authorized Company Program Administrator.

Company # 6602013 Liability Indicator: IND

Corporate Account Name: Dept of Natural Resources

Corporate Account # 4024 - 5290 0000 - 0135

Second Line Embossing: Dept of Natural Resources

% Cash: N/A PIN (Y/N) \_\_\_\_\_ Internal Audit Code: N/A Single Purchase Limit \$ \_\_\_\_\_

Reporting Hierarchy: 6601113 - 0000001 - 6602013

MCC Group Name(s)/Action: 6601113TVL (I) 6601113RTL (I) RTL LIMIT ( ) ( )

( ) ( ) ( ) \$250 ( ) ( )

Program Administrator Name: Judy LeBourgeois, CPPB Program Administrator Phone: (225) 342 - 4535

Program Administrator Email: Judy.lebourgeois@LA.GOV FAX# 225-242-3369 or 225-342-9770

Program Administrator Signature: \_\_\_\_\_

## Employee Acknowledgement Signature

Employee Applicant certifies that he/she is 18 years or older, is a U.S. citizen or permanent resident, and that the information submitted in this application is true and correct. Employee Applicant authorizes Bank of America to notify the above-referenced Company of the Bank's approval or decline of this application and if the application is approved, to share with company all account information. Employee Applicant understands that any approval of this application is subject to his/her continuing to be employed by such Company.

If a card is issued, the Employee Applicant understands that it is to be used for charges in connection with the above-referenced Company's business only and not for personal, family or household purposes. The Employee Applicant further understands and acknowledges that he/she is totally responsible and liable for all transactions charged to the card and that full payment is due to Bank of America upon receipt of the statement. Employee Applicant also understands that if he/she fails to pay Bank of America for all undisputed charges, his/her card will be permanently canceled. Furthermore, Bank of America reserves the right to report Employee's account payment history to the credit reporting agencies at the Bank's discretion.

Employee Applicant requests that he/she be issued a Bank of America Corporate Card/Corporate Travel Card. Pursuant to requirements of law, including the USA PATRIOT Act, Bank of America is obtaining information and will take necessary actions to verify Employee Applicant's identity. Bank of America may obtain credit information concerning Employee Applicant (and spouse if Employee Applicant lives in a community property state) for the sole purpose of issuance, renewal and/or replacement of a Bank of America Corporate Card/Corporate Travel Card. If this application is approved, Employee Applicant agrees to be bound by the terms of the Corporate Card and Corporate Travel Card Member Agreement accompanying the card.

From time to time Bank of America and its affiliates may share with each other information about Employee Applicant personally contained in his/her application to Bank of America or obtained from outside sources. However, Employee Applicant may instruct Bank of America to cease sharing his/her personal information obtained from his/her application or outside sources by sending a written request to: Commercial Card Services, P.O. Box 27025, Richmond, VA 23261-7025.

Employee Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Approving Manager Name: \_\_\_\_\_

Approving Manager Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Unless otherwise instructed, please return this application to your Company Program Administrator. Thank You.

Bank of America  Higher Standards

## Notice and Consent to the Processing of Data

You are receiving a corporate card from Bank of America, N. A. (USA) (the "Bank") as part of a corporate card program. To provide this service to you, the Bank participates in a global network of banking organizations to provide global corporate card services to \_\_\_\_\_ and its affiliates (the "Company"). To provide this service, banks participating in this network must gather information on your use of the card, assemble the data and transmit or disclose it, among other places, to the Company and institutions necessary to provide the service.

You understand that in order to obtain the corporate card, you or the Company may provide information about you to one or more of the banks in the network to allow the card to be issued to you. Such information might include name, address, employment and financial information. You also understand that in order to carry out their obligations, the Participating Banks and GCPS will have access to data regarding transactions you make using the card. Some of this data may be information you would consider sensitive or personal. In order to carry out the various aspects of the program, some of this data will likely be transmitted outside your home country, including to certain jurisdictions that may not be deemed by some countries to provide adequate protection in their legal systems for personal data. However, the Bank will take appropriate measures to ensure that your information receives at least the same level of protection as it would in your home country.

The banks participating in the program for the Company will obtain, process, store, and disseminate your personal data, which may include sensitive data, relating to your use of the card. These activities will only take place in connection with processing that is necessary and related to you or your business use of the card, as required to implement the program with the Company or as required by applicable law. We will undertake processing to which you have consented or requested, processing that is necessary for the performance of a contract or transaction to which you are party or in order to take steps at your request, processing in order to protect your vital interests, and processing necessary for the performance of vital tasks carried out in the public interest.

We shall take appropriate steps to insure that, where required by law:

- (i) all your data are processed and subsequently used or further communicated only for the specific purposes outlined or permitted above;
- (ii) all your data are accurate and where necessary, kept up to date;
- (iii) the data we process are adequate, relevant and not excessive in relation to the purposes for which the data are transferred;
- (iv) technical and organizational security measures have been taken that are appropriate to the risks presented by the processing of the data, such as unauthorized access;
- (v) all data processors operating under the direction of the banks will be subject to these restrictions;
- (vi) you have the right of access to all data relating to you that are processed, and as appropriate, the right of rectification, erasure or blocking of data the processing of which does not comply with the provisions of applicable data protection laws;
- (vii) you may object to the processing of data relating to you;
- (viii) we will take every reasonable step to ensure that data which are inaccurate or incomplete are erased or rectified;
- (ix) in the event of a dispute over your data, you have the right to secure recourse as applicable under the governing law of your jurisdiction. This may include, depending upon your law, third party mediation, referral to the courts, referral to a data protection authority or to an arbitration body; if you have any issue pertaining to your data, including a request for access, erasure or blocking, or which to notify us of any dispute or concern regarding the data, please contact \_\_\_\_\_ at \_\_\_\_\_, who is the designated data protection officer for the Company or the Privacy Program Office at the Bank at 1.800.207.2322.

I have read the provisions of this notice pertaining to Data Protection and the uses of my personal data. I understand my rights under this notice and applicable law. I agree that my personal data, including sensitive personal data, may be transferred throughout the world as necessary for the purpose of carrying out the particular services to be provided by the Bank to the Customer under the terms and conditions set forth in this Notice.

Signature: \_\_\_\_\_

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

Company Name: DEPT OF NATURAL RESOURCES

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_