



Corporate Card Program

Cardmember Application
Club Rewards®/Club Cash® Enrollment
Central Billing

Mail or fax completed applications to:

BMO Harris Bank N.A.

Client Services
P.O. Box 6138
Carol Stream, IL 60197-6138
Fax: 1-855-803-7341

For Organization's Program Administrator
Use: 16-digit Summary Account #

***Application cannot be processed without this required information.**

DINERS CLUB® CORPORATE CARD ENROLLMENT (EMPLOYEE INFORMATION) (PLEASE ALLOW 21 CHARACTERS FOR FIRST, MIDDLE AND LAST NAME ONLY)

TITLE _____ *FIRST NAME _____ MIDDLE _____ *LAST _____ ORGANIZATION NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

*BUSINESS TELEPHONE _____ HOME TELEPHONE _____ *Password for security purposes _____

DATE OF BIRTH **MM DD YYYY** E-MAIL ADDRESS _____ If you provide an e-mail address, we may use it to contact you about your account.

TO DESIGNATE ANOTHER PERSON TO MANAGE YOUR ACCOUNT, PLEASE INDICATE Name: _____ Relationship: _____

CLUB REWARDS® ENROLLMENT (OPTIONAL) PARTICIPATION AND APPROVAL BY THE ORGANIZATION IS REQUIRED BEFORE ENROLLMENT.

Yes! Please enroll me in the Club Rewards program from Diners Club and start awarding me Club Rewards points on all eligible transactions charged to my Card. I understand that a yearly fee of \$75 will be charged to my Diners Club Card Account. Club Rewards is only available on eligible transactions. See terms & conditions for further details.

CLUB CASH® ENROLLMENT (OPTIONAL) PARTICIPATION AND APPROVAL BY THE ORGANIZATION IS REQUIRED BEFORE ENROLLMENT.

At the request of your Organization, you may enroll in the Club Cash program. With Club Cash access, cash for business expenses is as close as the nearest Automated Teller Machine (ATM). All you need is your Diners Club Corporate Card and your Personal Identification Number (PIN) to access cash at Cirrus® ATMs worldwide, 24 hours a day, seven days a week.

By checking this box, I ask to be enrolled in the Club Cash cash advance program. I understand that I may only enroll in the Club Cash program with the approval of my Organization.

Diners Club will choose a PIN and mail it to me.

EMPLOYEE / APPLICANT SIGNATURE (optional) _____ DATE **MM DD YYYY**

X

ORGANIZATION INFORMATION AND AUTHORIZATION (TO BE COMPLETED BY THE PROGRAM MANAGER)

NAME OF ORGANIZATION REQUESTING CARD ISSUANCE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Cardmembers will be assigned a daily and weekly cash advance limit in accordance with Diners Club's policy and the Organization's agreement with Diners Club. If different limits are desired for this Applicant, please call Client Services at 1-800-964-9444. Diners Club must approve exception limits.

Indicative Data Fields

FIELD 1 _____ FIELD 2 _____ FIELD 3 _____ FIELD 4 _____ FIELD 5 _____ FIELD 6 _____

AUTHORIZED SIGNATURES AND TITLES (REQUIRED IF FORM IS PRINTED)

AUTHORIZED SIGNATURE AND TITLE
X _____

AUTHORIZED SIGNATURE AND TITLE
X _____

FOR DINERS CLUB USE ONLY
MM DD YYYY
DATE

PROCESSED BY