

Hamilton College

Wright Express MasterCard Application

Organization ID: hamiltongrp

Attn: Accounts Payable, Business Office

EMPLOYEE INFORMATION

First Name	Middle Initial	Last Name
198 College Hill Road		
Business Address		Employee ID #
Clinton	NY	13323
City	State	Zip
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Cell Phone		Business Phone
Email address	Monthly Credit Limit	Cash Amount (2%, 5% or 10% of credit limit)
Supervisor (Print Name)	Supervisor Email address	

COMPANY INFORMATION

Trustees of Hamilton College

Company Name		
198 College Hill Road-Business Office		
Company Address		
Clinton	NY	13323
City	State	Zip
TAX EXEMPT 111599		
Budget Line	Second Line of Embossing	

EMPLOYEE / APPROVAL SIGNATURE

I certify that I have read, understand and will comply with Hamilton's Credit Card Policy.

Signature of Applicant / Date

Signature of Supervisor / Date

Signature Business Office Approval / Date