

**ADVANTAGE CARD APPLICATION**

Name: \_\_\_\_\_  
*Last* *First* *M.I.*

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

Campus Address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Poets String: P \_\_\_\_\_  
O \_\_\_\_\_  
E \_\_\_\_\_  
T \_\_\_\_\_  
S \_\_\_\_\_

**CONDITIONS OF AGREEMENT**

1. You are responsible for all charges assessed to your account. All transactions are final.
2. Billing will occur monthly.
3. The Advantage Card is the property of USD Dining Services and must be surrendered at the time an account is closed.
4. If your card is lost or stolen report it immediately to the Campus Card office. You are responsible for any purchases made before your card is reported lost or stolen. A \$15.00 charge will be assessed for replacing the card.

\_\_\_\_\_  
Signature of Budget Administrator

\_\_\_\_\_  
Date

(office use only)	
Advantage Card(s) #: _____	
Date issued: _____	Administrative Fee \$5.00
Replacement Card #: _____	
Date replaced: _____	Replacement Fee \$15.00