

CARDHOLDERS AGREEMENT

Bucks County Community College

I, _____, hereby acknowledge receipt of the Bucks County Community College's Ink Credit Card, ending with ____ ____ ____ ____ (last four digits). Credit approval limit on this card is \$ ____.

As a holder of this credit card, I agree to the following:

1. I accept the responsibility and accountability for the protection and proper use of the card.
2. I agree to comply with the terms and condition for this agreement and the Credit Card Policies and Procedures for Bucks County Community College.
3. I acknowledge that I have read the College's policy as well as the terms and conditions within this agreement.
4. I understand that this credit card is the sole property of Bucks County Community College. As such, I will return this credit card to the Vice President of Administrative Services upon immediate request and at any time during my employment with the College.
5. My use of the College's credit card is for purchases that cannot be handled (or are more cumbersome to complete) through normal purchasing processes within the College.
6. I understand that this credit card cannot be used for personal purchases or purchases for any other entity outside of normal business operations of the College.

If I fail to comply with the policy and procedures for use of this credits card, fail to provide the required receipts substantiating legitimate business expense each month per policy, and/or improperly use the credit card, the following actions may occur:

- a. Immediate revocation of my ability to hold and use the College's credit card indefinitely or for a determined timeframe
- b. Deduction of unauthorized purchases directly from my paycheck
- c. Disciplinary action, up to and including termination, from the College
- d. Personal liability in the College's pursuit of legal action, collection, and attorney fees intended to recover funds from me on any improper, unauthorized, or fraudulent purchases (if required).

Signature: _____ Date: _____ Cardholder Signature:
_____ Date: _____ Card Administrator