

**BONNEVILLE COUNTY REQUEST FOR CREDIT CARD
CARD ACCEPTANCE/ACKNOWLEDGEMENT FORM**

Date: _____ Card Limit Requested: \$ _____

Department: _____

APPROVING AUTHORITY

Name & Title: _____

Signature: _____

E-Mail: _____@co.bonneville.id.us Phone: _____

REQUESTED CARDHOLDER INFORMATION

Last Name: _____ First Name: _____

Title: _____

Address: 605 N. CAPITAL AVENUE
IDAHO FALLS, ID 83402

Phone: _____

E-mail Address: _____@co.bonneville.id.us

I accept full responsibility for the Bonneville County Credit Card that will be issued to me and have read and understand the Bonneville County Policies and Procedures and agree to use the Card in accordance with the terms and conditions of those policies. I understand that I am personally liable for all unauthorized or improper card charges that I may incur. If it is determined by my Elected Official, Department Head or the Approving Manager that I have used this card for unauthorized or improper purposes, I shall reimburse the County in full within ten (10) days. If I have not reimbursed the County as requested, I understand and agree that the County shall offset all such unauthorized or improper charges through payroll deduction. Intentional misuse or violation of the Credit Card Policy will result in disciplinary action up to and including termination and may also result in criminal prosecution. I understand that this card is valid only while I am employed in this department and that if I transfer to another department, or my employment is terminated, I must relinquish this card immediately to the Approving Manager, Department Head, or Elected Official.

Printed Name Signature Date

Date Received Treasurer's Office: _____ Date Sent To Commissioners: _____

APPROVED BY: BONNEVILLE COUNTY BOARD OF COMMISSIONERS

Roger S. Christensen, Commissioner/Chairman

Bryon Reed, Commissioner

Dave Radford, Commissioner Approved Card Limit: \$ _____

Date Approved: _____