CREDIT CARD ISSUANCE AGREEMENT

I herewith acknowledge receipt of a Northwestern Area School District credit card. I have read the Credit Card Issuance Policy adopted by the School Board and I agree to its terms. I specifically agree to have withheld from my pay, any charge made on this card during the time it is in my possession that is not made for a proper school purpose or is not properly documented. In the event the card is lost or stolen, I will immediately notify the credit card company and the District.

Signed this day of	, 20	
	RECIPIENT	
Credit Card Number:		
Date Issued:		
Return Date:		
Credit Limit:		
Purpose of Issuance:		