CREDIT CARD ISSUANACE AGREEMENT

I herewith acknowledge receipt of a Wall 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 pay for 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 business manager of the district. In the event the card is not reported lost or stolen within 12 hours of the loss my liability is limited to \$25.00.

Signed this ______ day of ______, 20____.

Recipient

Credit Card Number:	_
Date Issued:	_
Return Date:	_
Credit Limit:	
Purpose of Issuance:	_