



# FLYNN MANAGEMENT CORPORATION



## CORPORATE CREDIT CARD ACCEPTANCE

Employee Name: \_\_\_\_\_

Property Name: \_\_\_\_\_ Monthly Limit \$ \_\_\_\_\_

Property Name: \_\_\_\_\_ Monthly Limit \$ \_\_\_\_\_

Property Name: \_\_\_\_\_ Monthly Limit \$ \_\_\_\_\_

I certify the following;

- I understand that I alone am responsible for my *Corporate Credit Card*.
- I understand the *Corporate Credit Card* is not linked to my credit rating.
- I have read, understand, and agree to the *Corporate Credit Card Procedure 092*.
- I will not use my *Corporate Credit Card* to withdraw cash, purchase money orders, purchase bank checks or process electronic cash transfers.
- I will not use my *Corporate Credit Card* for personal expenses.
- If at any time, misuse of my card is determined (i.e., used it other than in accordance with *Corporate Credit Card Procedure 092*), I am aware that this may result in inactivated, card taken from my possession and/or disciplinary action up to and including termination.
- If my employment ends due to misuse/unauthorized charges, I authorize Flynn Management to recover funds through payroll and may be deducted from my final paycheck.
- If my *Corporate Credit Card* is lost or stolen, I will report it immediately to my District Manager who will notify Accounting to cancel my card.
- I understand that reissuing of a lost or stolen card, for any reason, is at the discretion of my District Manager.
- If I resign from my position, I will return my card with a final reconciliation of all expenditures, prior to my last day of employment.

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of District Manager

\_\_\_\_\_  
Date

Signed form is to be submitted to [accounting@flynnmanagement.com](mailto:accounting@flynnmanagement.com)

Card Number: \_\_\_\_\_