

## Join Club Cash®

### Instructions for Submitting this Printable Form

**Important:** This form cannot be submitted online.

If you are having trouble reading this form online, increase the size of your window view.

To complete this form:

**Step 1:** Complete form using your computer keyboard and the tab key.

**Step 2:** Print and sign the form.

**Step 3:** Forward the signed form to your Manager or Travel Manager for signature.

**Step 4:** Once proper authorization is obtained, fax or mail the form to the number or address provided below.

Please fax this form to: 1-855-803-7341

Or mail this form to:

Diners Club

P.O. Box 6138

Carol Stream, IL 60197-6138

For questions concerning this form, please call: 1-800-964-9444

**Club Cash®**

## Cardmember Enrollment Form

With Club Cash® access, cash for business expenses is as close as the nearest Automated Teller Machine (ATM). All you need is your Diners Club Corporate Card and your Personal Identification Number (PIN) to access cash at ATMs worldwide, 24 hours a day, seven days a week.

For more information on the Club Cash program, refer to the Cash Access section of this website or your Online Membership Sourcebook, or call 1-800-964-9444.

**Personal Identification Number (PIN)**

Diners Club will choose a PIN and will mail it to me.

**Personal Information**

Complete the Personal Information section, then forward this form to your Manager or your Employer's Travel Manager for authorization.

Cardmember Name \_\_\_\_\_ Diners Club Card Number \_\_\_\_\_

By signing below, I ask to be enrolled in the Club Cash Program and agree to be bound by all terms of the Corporate Card Cardmember Account Agreement as of the date below.

Cardmember Signature

Effective Date

**X** \_\_\_\_\_

MM DD YYYY

Your signature on this Application Form indicates that you have read the terms and conditions on this form and agree to them.

**Cash Advance Limit (to be complete by Travel Manager)**

Cardmembers will be assigned a daily and weekly cash advance limit in accordance with your Organization's agreement with Diners Club. If different limits are desired for this Cardmember, please indicate below. Limits must be approved by Diners Club.

Daily Limit \_\_\_\_\_ Weekly Limit \_\_\_\_\_

**Organization Authorization**

Please fax the printed and signed form to 1-855-803-7341.

Authorized Representative of Employer Name

Authorized Representative Title

\_\_\_\_\_

Organization Name \_\_\_\_\_

Authorized Representative Signature

Date Authorized

**X** \_\_\_\_\_

MM DD YYYY