



eZBusiness Card Management Implementation Form

Date _____ MFB Sales Rep. _____
Form Type Choose an item. MFB Officer _____

COMPANY INFORMATION (MASTER)

Expense Management
Receipt Imaging

Yes
Yes

No
No

Company Name _____ TIN # _____
Mailing Address _____
City _____ State _____ Zip _____

COMPANY ADMINISTRATOR INFORMATION

First Name _____ Middle Initial _____ Last Name _____
Contact Phone _____ Email _____
First Name _____ Middle Initial _____ Last Name _____
Contact Phone _____ Email _____

Expense Management User Role Full Access Review only

SPECIAL NOTES

COMPANY AUTHORIZATION

The Company listed above hereby acknowledges and authorizes MidFirst Bank to establish the Company's eZBusiness Card Management Service as outlined in this Implementation Form. Company acknowledges and agrees to be bound by terms and conditions of the eZBusiness Card Management Agreement. Company further acknowledges that the Company Administrator is authorized to act on Company's behalf to order Business Cards for any and all employees of the Company.

Company Signer Name _____	_____	_____
Title _____	Company Authorized Signature	Date
Company Signer Name _____	_____	_____
Title _____	Company Authorized Signature	Date

INTERNAL USE ONLY Initial: _____

Processed By: _____ Date: _____ Company ID#: _____