

Holbrook Public Schools  
**CREDIT CARD ISSUANCE AGREEMENT**

I hereby acknowledge receipt of a Holbrook Public Schools credit card. I have read the Credit Card Use Policy (DGD) adopted by the School Committee and I agree to the terms. I agree to pay for any charge made on this card during the time it is in my possession that is not recognized under this policy, or is not properly documented.

In the event the card is lost or stolen, I will immediately notify the Holbrook Public Schools.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Recipient

Credit Card Number \_\_\_\_\_

Dated Issued: \_\_\_\_\_

Return Date: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Purpose of Issuance: \_\_\_\_\_

CROSS REF: DGD Credit Card Use Policy

ADOPTED: July 28, 2010