

## Bryant University Amazon Business Application

Please check one: Individual Application Department Application	
Department/Individual Name:	
Department:	-
Email: (if department application please use department email)	
Extension:	
Title:	
Frequency of Amazon Purchases: Weekly Monthly Occasionally	
Estimated Annual Purchases:	_
Do you currently have an Amazon Membership being paid by the University?Yes _	No
Are you a P-Card Holder?YesNo	
If no, do you have access to a departmental P-Card?Yes No	
By signing below, you are agreeing that the use of the Amazon Business account will be for <i>related</i> purposes. It cannot be used for personal purchases. All purchases must be of Bryant University.	•
Signature of Applicant: Date:	
To be completed by Supervisor: Supervisor's Name:(ple	ease print)
Would you like to review the purchases made by the applicant?YesNo	
Would you like to assign another individual as a reviewer?YesNo	
If yes, please list the name & email:	
Supervisor Signature: Date:	