Cardholder Application

J.P.Morgan

☒ Integrated ☐ Declining Balance

1 CLIENT INFORMATION

DOI-OS
Agency Name*

70000 — Company Number*
8226 — Bank Number*

2 APPLICANT INFORMATION

Full First Name* | Initial | Last Name*

Name as it will appear on Card* (If different than name above) (25 Character Limit)

TAX EXEMPT ID 140001849
Name Line 2 (embossed under cardholder name) (25 Character Limit)

3 ACCOUNT SPEND LIMITS/CONTROLS

☐ Unrestricted Spend Limit (Selecting this option will initiate a credit review on IBA Travel/ Integrated apps)

☐ Restricted Spend Limit (No credit review. Alternate credit review by agency)

☒ Not Applicable (Spend limits will be assigned in Section 9)

4 ACCOUNT SECURITY

Social Security Number* (Required for IBA Travel and Integrated card applications) **OR** Security Identifier (Enter 9 characters if Social Security Number is not provided)*

Date of Birth (MM/DD/YYYY)* (Date of birth or mother's maiden name/password is required)

Mother's Maiden Name/Password (Enter 4 characters - first 4 letters of mother's maiden name or 4 digit/letter password)*

5 STATEMENT / CARD DELIVERY ADDRESS — Required

Street Address*

Street Address Line 2

City* | State/Province* | Zip / Postal Code*

Country*

6 HOME ADDRESS — Optional

Street Address (25 character limit including spaces)

Street Address Line 2

City | State/Province | Zip / Postal Code

Country | Country of Citizenship

7 CONTACT INFORMATION

Business Telephone* | Home Telephone

Employee ID | Mobile Phone Number

Business Contact Email Address*

* Denotes required field

8 APPLICANT AUTHORIZATION

If you are requesting that the Bank issue a commercial card in your name, by completing this application you authorize us, when we deem it appropriate, to investigate your credit history for the purpose of account establishment or card issuance and for subsequent credit inquiries should a card be issued in your name. If this application is approved for the establishment of any Account listed above, you agree to be bound by the Agreement governing use of the Account which will be provided to you or your Organization in connection with Account opening. You also understand the Account is to be used for government purposes only and not for personal use. We are required by law to obtain, verify and record information that identifies each person or business that opens a new Account. By completing or otherwise providing this application and/ or the information on it, you agree to provide and consent to us obtaining, from third parties if necessary your name, residential address, date of birth and social security number to verify your identity. When you give us your mobile phone number, you are giving permission to be contacted at that number by automatic telephone dialing systems, text messages, and artificial or prerecorded voice messages concerning this Account sent from us and our representatives. Message and data rates may apply. In this application, the terms "Bank," "we," and "us" refer to JPMorgan Chase Bank, N.A. and Chase Bank USA, N.A. and their affiliates.

X
APPLICANT SIGNATURE* | DATE* (Use Today's Date)

X
APPROVER/SUPERVISOR SIGNATURE | DATE

9 A/OPC Use Only

$ 23000 — Spend Limit*
$ — Single Purchase Limit
0100 — Agent ID
Access Checks: ☐

N/A — Site ID Field
N/A — Accounting Code/Cost Center

Tax Exempt: Y (Flag) 119 (Status)

Indicate:* Blank (B) Include (I) Exclude(E) Divert (D)

Fleet Product Codes: 1 5 N D Y N (1 2 3 4 5 6)

Merchant Category Code Group*		Single Purchase	Cycle Spend	Daily Trans	Cycle Trans
PPRTNCCCQ	B	$ 3,000.00	$ 10000		
TDOITRVCB	B	$	$ 7500		
IDOITRVIB	B	$ 3,000.00	$ 3000		
CCASHQ WED-7DY	B	$	$ 270/DAY		
		$	$ 560/WK		
EPRTNCCCQ	E	$	$		
		$	$		
		$	$		
		$	$		

Diversion Account Number:

PaymentNet Hierarchy:* 00001

By submitting this request for commercial card issuance to the Bank for the applicant named herein, the undersigned, a duly authorized representative of the Client, does hereby (1) represent and warrant that the Client has used commercially reasonable efforts to ensure that such applicant (and others whom the Client authorizes to use the Account) is not identified on a prohibited government sanctions list, or otherwise subject to a sanctions program applicable to the Client, (2) certify that the information in this application and the supporting documentation is accurate, (3) certify that the true identity of the aforementioned applicant has been verified and that the applicant is an employee or agent of the Client and has been duly authorized to apply for and use the Card to incur expenses on behalf of the Client and (4) certify that the applicant(s) named herein have consented to the provision of his/her/their information in this Application. The Client shall maintain, for the duration of its Card program, evidence of the applicant's consent to the provision of their information in this Application.

KEVIN GOINS
A/OPC NAME (PRINTED) (Use Today's Date)

☐ Rush Delivery
Non P.O. Box Address Required for Delivery

X
A/OPC SIGNATURE | DATE

Program Administrator (Authorized Signer) Submit Application to:
Fax: 888-297-0785

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