

Integrated Declining Balance

1 CLIENT INFORMATION

Agency Name* _____
 Company Number* _____ 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) _____
 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* _____

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* _____

X _____
 APPROVER/SUPERVISOR SIGNATURE _____ DATE _____

9 A/OPC Use Only

\$ _____ \$ _____ Access Checks:

Spend Limit* _____ Single Purchase Limit _____ Agent ID _____

Site ID Field _____ Accounting Code/Cost Center _____

Tax Exempt: Flag Status _____ Indicate:* Blank (B) Include (I) Exclude (E) Divert (D) _____

Fleet Product Codes: 1 2 3 4 5 6

Merchant Category Code Group*	Single Purchase	Cycle Spend	Daily Trans	Cycle Trans
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

Diversion Account Number: _____
 PaymentNet Hierarchy: _____

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.

A/OPC NAME (PRINTED) _____
X _____
 A/OPC SIGNATURE _____ DATE _____

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

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

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* Denotes required field