

# Cardholder Application

IBA Travel  
  Integrated  
  Purchase  
  Fleet  
  CBA Travel  
 Declining Balance  
  Credit Re-check  
  Last 4 of current account number

## 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\* (21 Character Limit – including spaces) \_\_\_\_\_  
 Name Line 2 (embossed under cardholder name) (21 Character Limit – including spaces) \_\_\_\_\_

## 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\* \_\_\_\_\_ OR Security Identifier (Enter 4 characters if Social Security Number is not provided)\* \_\_\_\_\_  
 AND  
 Date of Birth (MM/DD/YYYY)\* \_\_\_\_\_ OR Mother's Maiden Name/Password (Enter first four letters of mother's maiden name or 4 digit/letter password if date of birth not provided)\* \_\_\_\_\_

## 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) \_\_\_\_\_ Fleet Product Codes:  1  2  3  4  5  6  
 Include (I) \_\_\_\_\_ Exclude(E) \_\_\_\_\_ Divert (D) \_\_\_\_\_  

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

Diversion Account Number: \_\_\_\_\_  
 Hierarchy Level: Level 1\* \_\_\_\_\_ Level 2 \_\_\_\_\_ Level 3 \_\_\_\_\_  
 Level 4 \_\_\_\_\_ Level 5 \_\_\_\_\_ Level 6 \_\_\_\_\_ Level 7 \_\_\_\_\_

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\* \_\_\_\_\_

Program Administrator (Authorized Signer) Submit Application to:  
 Email: CCS-Account-Services@jpmchase.com Fax: 844-808-8188

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

US\_FCM\_P0115

\* Denotes required field

# Instructions for Completing the Cardholder Application

## Field Name

## Instructions

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## Instructions

IBA Travel  
 Integrated  
 Purchase  
 Fleet  
 CBA Travel  
 Declining Balance  
 Credit Re-Check  
 \*Agency Name  
 \*Company Number  
 \*Bank Number  
 \*First Name  
 Middle Initial  
 \*Last Name  
 Name As It Will Appear On The Card  
 Name Line 2  
 Unrestricted Spend Limit  
 Restricted Spend Limit  
<sup>1</sup> Social Security Number  
<sup>1</sup> Security Identifier  
 \*Date of Birth  
 Mother's Maiden Name/Password  
 \*Statement/Card Delivery Address  
 \*Street Address  
 Street Address 2  
 \*City  
 \*State  
 \*ZIP/Postal Code  
 \*Country  
 Home Address  
 Street Address  
 Street Address 2  
 City  
 State  
 ZIP/Postal Code  
 Country  
 Country of Citizenship  
 \*Business Telephone

Home Telephone  
 Employee ID  
 Mobile Phone Number  
 Business Contact Email Address  
 \*Cardholder (Applicant) Signature  
 Approver/Supervisor Signature  
 \*Spend Limit  
 Single Purchase Limit  
 Agent ID  
 Access Checks  
 Site ID Field  
 Accounting Code/ Cost Center  
 Tax Exempt Flag  
 Tax Exempt Status  
 Fleet Product Code 1      Fleet Product Code 2      Fleet Product Code 3  
 Fleet Product Code 4      Fleet Product Code 5      Fleet Product Code 6  
 \*MCCG  
  
 \*Action  
 MCGG Single Purchase  
 MCGG Cycle Spend  
 MCGG Daily Transactions  
 MCGG Cycle Transactions  
 Diversion Account Number  
 \*Hierarchy Level 1  
 \*Hierarchy Level 2  
 \*Hierarchy Level 3  
 \*Hierarchy Level 4  
 \*Hierarchy Level 5  
 \*Hierarchy Level 6  
 \*Hierarchy Level 7  
 Rush Delivery  
 A/OPC Name  
 A/OPC Signature

\*Indicates those fields which must be completed in order for the application to be processed

<sup>1</sup> Indicates that in some conditions it is a required field as denoted on the application

Use Black Ink or type

**IMPORTANT: ALTERED APPLICATIONS WILL NOT BE ACCEPTED**