Cardholder Application

J.P.Morgan

☒ IBA Travel ☐ Integrated ☐ Purchase ☐ Fleet ☐ CBA Travel

☐ Declining Balance ☐ Credit Re-check _____ Last 4 of current account number

1 CLIENT INFORMATION

DOC IBA NOAA
Agency Name*

Company Number* _____ Bank Number* 8222

2 APPLICANT INFORMATION

Full First Name* _____ Initial _____ Last Name* _____

Name as it will appear on Card* (If different than name above) (21 Character Limit)

Name Line 2 (embossed under cardholder name) (21 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 4 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* _____

USA
Country*

6 HOME ADDRESS — Optional

Street Address (25 character limit including spaces)

Street Address Line 2

City _____ State/Province _____ Zip / Postal Code _____

USA
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

$ 5,000 Spend Limit* | $ Single Purchase Limit | 0274 Agent ID | Access Checks: ☐

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*	Indicate	Single Purchase	Cycle Spend	Daily Trans	Cycle Trans
DOCTRVIBA	I	$	$		
DOCIBAATM	I	$	$ N/A		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		

Diversion Account Number:

Hierarchy Level: Level 1* 70712 Level 2 21300 Level 3 83060

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) Use Today's Date

X
A/OPC SIGNATURE DATE

☒ Rush Delivery

Non P.O. Box Address Required for Delivery

Program Administrator (Authorized Signer) Submit Application to:
Email: CCS-Account-Services@jpmchase.com Fax: 888-297-0785

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