JPMorganChase

GSA SmartPay2 - Visa IBA Cardholder Form

To ensure accurate and timely processing please type or print clearly. Incomplete, illegible forms will not be processed.

☒ **New** ☐ **Change** (*Only Complete Fields To Be Changed*) ☐ **Delete/ Close**	**Cardholder Account**		-		-		-

Agency Information Required

Agency/Organization Name: Small Business Administration - DISASTER

Company # 70611 (5 digits)	**Plastic Type** ☒ **Standard (default)** ☐ **Quasi-Generic** ☐ **Generic**

Hierarchy Level:	**Level 1 (required)** 31000	**Level 2** 41000	**Level 3** *	**Level 4**	**Level 5**	**Level 6**

Cardholder Information Required

Name Line 1 (19 Characters)		Security Identifier # (Required)	** - -
Name Line 2 (19 Characters)		Unique Date i.e. date of hire (Required)	*** - -
Address Line 1 (35 Characters)		Unique Passphrase (First 4 Characters Required)	****
Address Line 2 (35 Characters)		Work Phone	( ) -
City (23 Characters)	State / Zip Code	Home Phone	( ) -
Site ID # (Agency Specific)	**10037**	Employee E-mail (Optional) / Employee ID (Optional)	

Cardholder Signature:	Date:

☐ By checking this box, I (the applicant) indicate consent for JPMC to perform a credit worthiness evaluation at the request of my agency *****

☐ By checking this box, I (the applicant) do **not** agree to a credit worthiness evaluation, and understand that I will receive a restricted card

Cardholder Controls – to be completed by A/OPC

Credit Limit (Required)	$	☐ Cycle (default) ☐ Weekly Day of the Week	Single Purchase Limit $
Transactions Per Day		Transactions Per Cycle	
Cash Limit (max $500 or 10% recommended)	$	Request Cash Advance Pin (Yes or No)	

Merchant Category Code Groups (at least 1 MCCG required) – Indicate **I**nclude or **E**xclude

Approval Required – A/OPC

Prepared By: (Please Print)		Signature:	Date:
Approved By: (Please Print)		Signature:	Date:

Forms may be sent by facsimile transmission to JPMC without hard copy follow up provided, however, that JPMC shall be entitled to rely on any unconfirmed, facsimile transmission made by any person or persons JPMC reasonably believes to be acting on behalf of the Corporation as if such notice had been confirmed and the Corporation hereby indemnifies and holds JPMC harmless from any loss, cost or expense, including reasonable attorney's fees, which JPMC may incur or become liable for as a result of such reliance.

Bank Use Only

Account Number _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _

Date: _____ **Initials:** _____

Forward completed application to: CCS-Account-Services@JPMChase.com or Fax to: 888-297-0785

Revised 08/01/08

Cardholder Name
Line 1, Maximum length of 19 characters INCLUDES spaces
Line 2, Do NOT use line 2

* *Security Identifier #
Enter applicant's full social security number

* * *Unique Date (i.e. date of hire)
Enter applicant's **date of birth** in the form MM/DD/YYYY

* * * *Unique Passphrase
First 4 letters of applicant's mother's maiden name

* * * * *Credit Worthiness – **Done by PASC with score provided by HR**
Enter color coordinating to credit score in this space

Green	660 and above	Standard Account
Yellow	500 – 659	Restricted Account

Address
Line 1, 35 characters

City
23 characters

State, zip code and phone numbers

E-mail (please provide personal)

***Please ensure that the whole page prints and does not cut off the "**Bank Use Only**" section

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