# 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

SMALL BUSINESS ADMINISTRATION
Agency Name*

70611 — Company Number*
6928 — Bank Number*

## 2 APPLICANT INFORMATION

Jane — Full First Name*
A — Initial
Doe — Last Name*

Jane Doe
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 appl)

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

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

## 4 ACCOUNT SECURITY

123-45-6789
Social Security Number* (Required for IBA Travel and Integrated card applications)
OR
Security Identifier (Enter 4 characters if Social Security Number is not provided)*

AND

01/01/1980
Date of Birth (MM/DD/YYYY)* (Required for IBA Travel and Integrated card applications)
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

111 Main Street
Street Address*

Street Address Line 2

Herndon — City*
VA — State/Province*
20171 — 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

Country
Country of Citizenship

## 7 CONTACT INFORMATION

(703) 555-1234
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 Jane Doe
APPLICANT SIGNATURE* DATE*

X
APPROVER/SUPERVISOR SIGNATURE DATE

## 9 A/OPC Use Only

$ — Spend Limit*
$ — Single Purchase Limit
0233 — Agent ID
Access Checks: ☐

10037
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 |
|---|---|---|---|---|---|
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |
| | | $ | $ | | |

Diversion Account Number: _____

Hierarchy Level: Level 1* 31000 Level 2 41000 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.

☒ Rush Delivery

A/OPC NAME (PRINTED)*

X
A/OPC SIGNATURE* DATE*

Non P.O. Box Address Required for Delivery

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

US_FCM_P0115

# Instructions for Completing the Cardholder Application

| Field Name | Instructions |
|---|---|
| IBA Travel | If applicable |
| Integrated | If applicable |
| Purchase | If applicable |
| Fleet | If applicable |
| CBA Travel | If applicable |
| Declining Balance | If applicable |
| Credit Re-Check | If applicable |
| *Agency Name | SMALL BUSINESS ADMINISTRATION |
| *Company Number | 70611 |
| *Bank Number | 6928 |
| *First Name | Jane |
| Middle Initial | Optional |
| *Last Name | Doe |
| Name As It Will Appear On The Card | Embossed Name Line 1 on the card |
| Name Line 2 | Embossed Name Line 2 on the card |
| Unrestricted Spend Limit | Used only for IBA and Integrated card request. If checked, a credit review will be conducted if instructed by the agency. |
| Restricted Spend Limit | For IBA and Integrated card only. If checked, no credit review will be conducted and a restricted credit limit will be assigned to the card. |
| [1] Social Security Number | 123-45-6789 |
| [1] Security Identifier | |
| *Date of Birth | 01/01/1980 |
| Mother's Maiden Name/Password | First 4 of MMN or 4 character password – used to authenticate |
| *Statement/Card Delivery Address | Mailing address for statement and card if applicable |
| *Street Address | Same as above |
| Street Address 2 | Same as above |
| *City | Same as above |
| *State | Same as above |
| *ZIP/Postal Code | Same as above |
| *Country | Same as above |
| Home Address | Provide the physical home address for the cardholder or responsible party |
| Street Address | Same as above |
| Street Address 2 | Same as above |
| City | Same as above |
| State | Same as above |
| ZIP/Postal Code | Same as above |
| Country | Same as above |
| Country of Citizenship | |
| *Business Telephone | (703) 555-1234 |

| Field Name | Instructions | |
|---|---|---|
| Home Telephone | | |
| Employee ID | | |
| Mobile Phone Number | | |
| Business Contact Email Address | | |
| *Cardholder (Applicant) Signature | Signature Cardholder or responsible party | |
| Approver/Supervisor Signature | If applicable based on the agency policy | |
| *Spend Limit | | |
| Single Purchase Limit | | |
| Agent ID | 0233 | |
| Access Checks | | |
| Site ID Field | 10037 | |
| Accounting Code/ Cost Center | Default accounting if applicable | |
| 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 | I = Include, E = Exclude, D = Divert, B = Blank | |
| MCCG Single Purchase | The single purchase limit for that Merchant Category Code Group | |
| MCCG Cycle Spend | Cycle limit for that Merchant Category Code Group | |
| MCCG Daily Transactions | Number of transactions per day for Merchant Category Code Group | |
| MCCG Cycle Transactions | Number of transactions per cycle for that Merchant Category Code Group | |
| Diversion Account Number | | |
| *Hierarchy Level 1 | 31000 | |
| *Hierarchy Level 2 | 41000 | |
| *Hierarchy Level 3 | | |
| *Hierarchy Level 4 | | |
| *Hierarchy Level 5 | | |
| *Hierarchy Level 6 | | |
| *Hierarchy Level 7 | | |
| Rush Delivery | | |
| A/OPC Name | A/OPC Name | |
| A/OPC Signature | | |

*Indicates those fields which must be completed in order for the application to be processed
[1] 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