

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* (25 Character Limit – including spaces) _____
 Name Line 2 (embossed under cardholder name) (25 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 9 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) _____

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: 844-808-8188

US_FCMD01_P0415

* Denotes required field ** is required for NON Integrated applications.

Instructions for Completing the Cardholder Application

| <u>Field Name</u> | <u>Instructions</u> |
|-------------------------------------|--|
| *Agency Name | Agency, division or component |
| *Company Number | 5 digit number |
| *First Name | Legal first name of the cardholder or authorized user responsible for the card |
| Middle Initial | Optional |
| *Last Name | Legal last name of the cardholder or authorized individual responsible for the card |
| 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 |
| ¹ Social Security Number | Full social security number for Individual Bill or Integrated Cards |
| ¹ Security Identifier | If no SSN is provided, enter a unique 4 to 9 digit value which will be used to authenticate callers. |
| 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. |
| *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 | Country of citizenship for cardholder or responsible party |
| Card/Statement 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 |
| Business Telephone | Phone number for cardholder or responsible party |
| Home Telephone | Phone number for cardholder or responsible party |
| Employee ID | Employee ID assigned by the agency |
| Cell Phone Number | Phone number for cardholder or responsible party |
| *Date of Birth | DOB for cardholder or responsible party – may be used to authenticate the cardholder when calling |

| <u>Field Name</u> | <u>Instructions</u> |
|--------------------------------|--|
| Mother's Maiden Name/Password | First 4 of MMN or 4 character password – used to authenticate |
| Business Contact Email Address | Email address for cardholder or responsible party |
| *Cardholder Signature | Signature Cardholder or responsible party |
| Approver/Supervisor Signature | If applicable based on the agency policy |
| Spend Limit | Monthly spend limit determined by the A/OPC |
| Single Purchase Limit | Single transaction amount maximum |
| Agent ID | 4 digit value – identifies type of plastic |
| Site ID Field | 5 digit value – Card Delivery location |
| Accounting Code/ Cost Center | Default accounting if applicable |
| Access Checks | Indicated that Access Checks/Convenience Checks are requested |
| Tax Exempt Flag | Pre-populated if applicable |
| Tax Exempt Status | Pre-populated if applicable |
| Fleet Product Code 1 | Pre-populated if applicable |
| Fleet Product Code 2 | Pre-populated if applicable |
| Fleet Product Code 3 | Pre-populated if applicable |
| Fleet Product Code 4 | Pre-populated if applicable |
| Fleet Product Code 5 | Pre-populated if applicable |
| Fleet Product Code 6 | Pre-populated if applicable |
| MCCG | The Merchant Category Code Group |
| MCCG Single Purchase | The single purchase limit for that Merchant Category Code Group |
| MCCG Daily Transactions | Number of transactions per day for Merchant Category Code Group |
| MCCG Cycle Spend | Cycle limit for that Merchant Category Code Group |
| MCCG Cycle Transactions | Number of transactions per cycle for that Merchant Category Code Group |
| Action | I = Include, E = Exclude, D = Divert, B = Blank |
| Diversion Account Number | Pre-populated in applicable |
| *Hierarchy Level 1 | Pre-populated if applicable |
| *Hierarchy Level 2 | |
| *Hierarchy Level 3 | |
| *Hierarchy Level 4 | |
| *Hierarchy Level 5 | |
| *Hierarchy Level 6 | |
| *Hierarchy Level 7 | |
| Rush Delivery | Indicated the card should be sent overnight mail |
| Credit Re-Check | If applicable |

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

¹Indicates 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