



U.S. Commercial Card Application

COMPANY / ORGANIZATION INFORMATION

Company / Organization Name\* Bank Number\* Company Number\* Agent Number\* (card design code)

APPLICANT SECTION\* - \* indicates a required field

Account Holder Type\*: ☐ Individual ☐ Department (if card issued to department please skip 1 and 6)

1 APPLICANT INFORMATION 2 ACCOUNT SECURITY

Full First Name\* Middle Initial Last Name\* Access Code 1\* (any 4 digit number)  
Date of Birth\* (mm/dd/yyyy) Employee ID Access Code 2\* (any 4 alpha/numeric characters)

3 NAME AS IT WILL APPEAR ON CARD 4 ACCOUNT CONTACT INFORMATION

Name as it will appear on Card\* (21 character limit - including spaces) Business email address\*  
Second line to appear on Card (21 character limit - including spaces) e.g. Company Name/Other, etc. Business phone number\* Mobile phone number\*

5 ACCOUNT MAILING ADDRESS 6 HOME ADDRESS

Mailing Street Address\* Home Street Address\*  
Mailing Street Address Line 2 (if applicable) Home Street Address Line 2 (if applicable)  
City\* City\*  
State\* Zip Code\* State\* Zip Code\*

ADMINISTRATOR SECTION - \* indicates a required field

7 ACCOUNT SPEND LIMITS/CONTROLS 8 MERCHANT CATEGORY CODE GROUP SPEND LIMITS

\$ Spend Limit\* Cycle Transaction Limit  
\$ Single Amount Limit Daily Amount Limit  
Daily Transaction Limit Cash Advance Limit

MERCHANT CATEGORY CODE GROUP NAME*	Include (I)/ Exclude(E)*	CYCLE SPEND	CYCLE TRANS #	SINGLE AMOUNT	DAILY AMOUNT	DAILY TRANS #
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	

9 ACCOUNT PARAMETERS - optional

☐ Rush Delivery (fee may apply. No P.O. box) Card Delivery Code - Site ID  
☐ Executive Card  
☐ Declining Balance Accounting Code  
Effective Begin Date Effective End Date  
(mm/dd/yyyy) (mm/dd/yyyy)

10 HIERARCHY - \*\*do not complete unless instructed during program set-up

Level 1 - if applicable\* Level 2\*\* Level 3\*\* Level 4\*\* Level 5\*\* Level 6\*\*

11 ADMINISTRATOR CERTIFICATION - please read and sign

By submitting this request for commercial card issuance to the Bank for the applicant(s) named herein, the undersigned, a duly authorized representative of the Client, does hereby (1) certify that, to the best of Client's knowledge, information and belief, the information in this application and the supporting documentation is accurate, (2) certify that the true identity(ies) of the aforementioned applicant(s) has/have been verified and that the applicant(s) is/are employee(s) or agent(s) of the Client and has/have been duly authorized to apply for and use the Card(s) to incur expenses on behalf of the Client, (3) certify that the applicant(s) named herein have consented to the provision of their information in this Application, and (4) confirm that the applicant(s) has/have consented to the issuance of a Card(s) in their name(s). The Client shall maintain evidence of the applicant's consent to the provision of their information in this Application and the applicant's consent to Card issuance and shall furnish such evidence to the Bank upon request. In this application, the term "Bank" refers to JPMorgan Chase Bank, N.A. and Chase Bank USA, N.A. and their affiliates.

Program Administrator / Approver Name Printed\*  
X  
Program Administrator / Approver Signature\* (ELECTRONIC ACCEPTABLE) Date\*  
Program Administrator (Authorized Signer) Submit Application to:  
Email: CCS-Account-Services@chase.com Fax: 844-808-8189 US\_CC\_1117