

JP Morgan Travel (Individual Bill) Cardholder Account For State of Texas Use Only

| | | |
|---|--|-------------------------|
| (A) Check One: | | (B) Corp # _____ |
| <input type="checkbox"/> New | Cardholder Account # ____-____-____-____ | |
| <input type="checkbox"/> Change <i>(Only complete fields to be changed)</i> | | |
| <input type="checkbox"/> Delete/Close | | |

(C) State of Texas Agency / University Information

| | |
|---------------------------|--------------------|
| Agency / University Name: | State Agency Code: |
|---------------------------|--------------------|

(D) Cardholder Information *(Please Print All Information)*

| | | | |
|---------------------------------|-------|-------------------|---------------|
| Cardholder Name - legal | | Social Security # | Date of Birth |
| Cardholder Name Line 2 | | | |
| <i>(24 Characters per line)</i> | | Email Address: | |
| Residential Address Line 1 | | Work Phone: | Home Phone: |
| Residential Address Line 2 | | | |
| <i>(35 Characters per line)</i> | | | |
| City <i>(23 Characters)</i> | State | | Zip Code |
| Billing Address Line 1 | | Work Phone: | Home Phone: |
| Billing Address Line 2 | | | |
| <i>(35 Characters per line)</i> | | | |
| City <i>(23 Characters)</i> | State | | Zip Code |

(E) By completing this application, I authorize JP Morgan,NA to investigate my credit history for the purpose of card issuance and for subsequent credit inquiries should a card be issued to me. I understand JP Morgan,NA cannot share my specific credit information with my employer or me, provided however, JP Morgan is authorized to communicate the acceptance or decline decision to my employer. If your application is approved, you agree to be bound by the Corporate Card and Corporate Travel Charge Card Cardmember Agreement which will be sent with each card. Also, I understand the Card is to be used for State of Texas business travel charges only and is not for personal use and that any misuse will result in cancellation of the Card and will be subject to disciplinary action in accordance with my state agency/university internal policies. NOTICE: INFORMATION ON CARD USAGE IS DISTRIBUTED TO TEXAS BUILDING AND PROCUREMENT COMMISSION (TBPC) AND YOUR STATE AGENCY. *The US Patriot Act requires JP Morgan 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, the Cardholder agrees to provide and consents to JP Morgan obtaining if necessary from third parties, Cardholder's name, residential address, date of birth and social security number to verify Cardholder's identity.*

(F) Cardholder Approvals

| | | |
|---|------|------------------------------|
| Cardholder Signature: REQUIRED | Date | |
| Department/Supervisor's Signature: _____ (OPTIONAL based on Agency's internal policies) | Date | |
| Program Administrator Name: | Date | Verification ID Number _____ |

Applicant: Please Complete form and forward to: (Program Administrator ,979-458-4193 or mail application to MS#6000.)

Program Administrator: Please fax completed form to: 888-297-0785 or submit application through SDOL.

(G) Reporting Hierarchy Level Numbers *(Required Information)*

| | | | |
|----------------|---------|---------|---------|
| Level 1 Number | Level 2 | Level 3 | Level 4 |
|----------------|---------|---------|---------|

(H) Cardholder Controls

| | |
|---|-------------------|
| Average Monthly Travel Spend | \$ |
| MCC Groups- (Merchant Category Code Group) | Texas A&M Default |

(I) Bank Use Only

| | | | |
|--|-------------|-----------------|--|
| Account Number _____ - _____ - _____ - _____ | | | |
| Verification ID# Verified: | Date: | Initials: | |
| Credit Limit | CLI U12-220 | Credit Initials | |