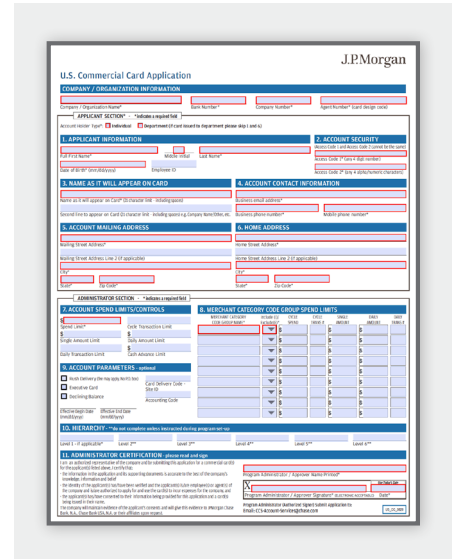# U.S. Commercial Card Application Guide

Use these instructions to guide you through the U.S. Commercial Card application process. The details provided will be used to establish a new account for your commercial card program. Required fields are noted with an asterisk on the application; unless noted as optional below, all fields are required.

Company / Organization Information Section

This section helps define the foundation for the new account. The information for these fields will be provided by your organization's commercial card program administrator.

a. **Company / Organization Name:** Provide your organization name; cannot exceed 40 characters

b. **Bank Number:** Four digit number that defines the bank for this account

c. **Company Number:** Five digit number that defines your company

d. **Agent Number:** Four digit number that confirms the card design

Applicant Section

This section provides basic details to help establish the new cardholder account, such as name, contact information and security codes.

Account Holder Type

For an individual card, select Individual; for a card that will be used across multiple individuals in a team, select Department. If you select Department, skip the Applicant Information and Home Address fields.

1. Applicant Information

Provide the legal name and date of birth for the applicant. You will have an opportunity later in the application to confirm the name that should appear on the card. Skip these fields for a department card.

Note: The combination of First Full Name, Middle Initial and Last Name cannot exceed 25 characters.

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1. Applicant Information (Continued)

a. **Full First Name:** Legal first name of the cardholder

b. **Middle initial** *(Optional)***:** Middle initial of the cardholder; one character allowed

c. **Last Name:** Legal last name of the cardholder

d. **Date of Birth:** Eight digits required; two for the month, two for the day and four for the year. Use a slash '/' or dash '-' between the numbers. Ex: 04/07/1991 *(Drop Down Option available)*

e. **Employee ID** *(Optional)***:** If applicable, you may choose to have employees enter their internal employee ID number, or another identifier within your organization

1. APPLICANT INFORMATION

a.	b.	c.
Full First Name*	Middle Initial	Last Name*

d.	e.
Date of Birth* (mm/dd/yyyy)	Employee ID

2. Account Security

The following information will be used for cardholder authentication when calling Customer Service and must be two distinct codes.

a. **Access Code 1:** Four numeric digits that are unique to the account

b. **Access Code 2:** A combination of four alpha/numeric characters (no special characters) that are unique to the account. Access Codes 1 & 2 cannot be the same.

2. ACCOUNT SECURITY
(Access Code 1 and Access Code 2 cannot be the same)

a.
Access Code 1* (any 4 digit number)

b.
Access Code 2* (any 4 alpha/numeric characters)

3. Name As It Will Appear On Card

Specify the name that should appear on the plastic card. Each field has a 21 character limit. Titles are not allowed. Ex: Mr. Mrs. Doctor, etc.

a. **Name as it will appear on Card:** For individual cards, provide the cardholder's first and last name that should appear on the card, a middle initial is optional. For department cards, provide the department name that should appear on the card.

b. **Second line to appear on Card** *(Optional)***:** Second line to be embossed below the name on the card, such as company / organization name

3. NAME AS IT WILL APPEAR ON CARD

a.
Name as it will appear on Card* (21 character limit – including spaces)

b.
Second line to appear on Card (21 character limit – including spaces) e.g. Company Name/Other, etc.

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4. Account Contact Information

This is the information that Customer Service will use to contact cardholders. For department cards, provide the contact information for the authorized user.

a.   **Business Email Address:** Business email address for the cardholder. Must enter at least one '@' symbol and at least one '.'; no spaces allowed.

b.   **Business Phone Number:** Business phone number for the cardholder; must include 10 numeric digits. Ex: 123-456-7890 *(Phone Number Format Auto Populates for typed-written application)*

c.   **Mobile Phone Number:** Mobile phone number for the cardholder. If no mobile number exists, enter home or business phone number; must include 10 numeric digits. Ex: 123-456-7890 *(Phone Number Format Auto Populates for typed-written application)*

4. ACCOUNT CONTACT INFORMATION

a.
Business email address*

b.
Business phone number*

c.
Mobile phone number*

5. Account Mailing Address

The address provided will be used for statement delivery.

5. ACCOUNT MAILING ADDRESS

a.
Mailing Street Address*

b.
Mailing Street Address Line 2 (if applicable)

c.
City*

d.
State*

e.
Zip Code*

a.   **Mailing Street Address:** First address line for the cardholder's statement delivery; 36 character limit. Ex: 123 Business Dr.

b.   **Mailing Street Address Line 2** *(Optional)***:** If applicable, second line for mailing address; 36 character limit. Ex: Accounts Payable, Mail Code 123-456

c.   **City:** City for the mailing address; 24 character limit and no punctuation allowed

d.   **State:** State abbreviation for the mailing address; only the 50 U.S. states, DC, or PR (Puerto Rico) are allowed.

e.   **Zip Code:** Zip code for mailing address; enter five or nine digit zip code. Ex: 60612 or 60612-0024

6. Home Address

Provide the home mailing address for the applicant. A Physical Address or P.O. Box can be provided. Skip these fields for department cards.

6. HOME ADDRESS

a.
Home Street Address*

b.
Home Street Address Line 2 (if applicable)

c.
City*

d.
State*

e.
Zip Code*

a.   **Home Street Address:** Cardholder's home mailing address; 36 character limit

b.   **Home Street Address Line 2** *(Optional)***:** If applicable, second line for home mailing address; 36 character limit

c.   **City:** City for the home address; 24 character limit and no punctuation allowed

d.   **State:** State abbreviation for the home address; only the 50 U.S. states, DC, or PR (Puerto Rico) are allowed.

e.   **Zip Code:** Zip code for the home address; enter five or nine digit zip code. Ex: 60612 or 60612-0024

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Administrator Section

This section is generally completed by your organization's commercial card program administrator, and establishes the controls associated with the new cardholder account.

7. Account Spend Limits/Controls

Use this section to create spend parameters for the new cardholder account. Note: Only numeric characters are allowed, and no punctuation may be used in these fields; they will automatically format.

a. **Spend Limit:** Define the spend limit per cycle, between $1 and $9,999,999.

ADMINISTRATOR SECTION · * indicates a required field

7. ACCOUNT SPEND LIMITS/CONTROLS

$ a.	d.
Spend Limit*	Cycle Transaction Limit
$ b.	$ e.
Single Amount Limit	Daily Amount Limit
c.	$ f.
Daily Transaction Limit	Cash Advance Limit

The following fields are optional; *you may choose to define additional spend parameters for the new cardholder account:*

b. **Single Amount Limit:** If applicable, limit the amount that can be spent on a single transaction between $1 and $9,999,999

c. **Daily Transaction Limit:** If applicable, establish the number of times the card account can be used per day; eight digit limit

d. **Cycle Transaction Limit:** If applicable, restrict the number of times the card account can be used per cycle; eight digit limit

e. **Daily Amount Limit:** If applicable, set the amount that can be spent in a single day between $1 and $9,999,999

f. **Cash Advance Limit:** If applicable, specify the cash limit per cycle between $1 and $5,000. The MCC group created for cash must be used in Section 8 if a Cash Advance Limit is provided.

ADMINISTRATOR SECTION · * indicates a required field

7. ACCOUNT SPEND LIMITS/CONTROLS

$ a.	d.
Spend Limit*	Cycle Transaction Limit
$ b.	$ e.
Single Amount Limit	Daily Amount Limit
c.	$ f.
Daily Transaction Limit	Cash Advance Limit

8. Merchant Category Code Group Spend Limits

Use the MCC Group Worksheet to locate the correct codes and define usage of the new cardholder account to specific MCC groups. This will help minimize fraud and misuse on the account. Note: If your organization would like to allow cash access for this account, enter the MCC group for controlling cash access.

a. **Merchant Category Code Group Name:** Establish the MCCGs on which the cardholder can (Include) or cannot (Exclude) make purchases. Ex: You may want to include travel, but exclude retail stores.

b. **Include (I) / Exclude (E):** Use an 'I' to include the MCCG and an 'E' to exclude it

8. MERCHANT CATEGORY CODE GROUP SPEND LIMITS

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

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8. Merchant Category Code Group Spend Limits (Continued)

The following fields are optional; you may choose to create spend parameters for each of the MCCGs you selected to Include. Only numeric characters are allowed, and the fields will format automatically.

c. **Cycle Spend:** Define the dollar limit allowed per cycle for this MCCG

d. **Cycle Trans #:** Restrict the number of times the card can be used for this MCCG per cycle

e. **Single Amount:** Limit the amount that can be spent in a single transaction for the MCCG

f. **Daily Amount:** Set the amount that can be spent in a single day for the MCCG

g. **Daily Trans #:** Establish the number of times the card can be used per day for the MCCG

8. MERCHANT CATEGORY CODE GROUP SPEND LIMITS

MERCHANT CATEGORY CODE GROUP NAME*	Include (I)/ Exclude(E)*	CYCLE SPEND	CYCLE TRANS #	SINGLE AMOUNT	DAILY AMOUNT	DAILY TRANS #
	▽	$ c.	d.	$ e.	$ f.	g.
	▽	$		$	$	
	▽	$		$	$	
	▽	$		$	$	
	▽	$		$	$	
	▽	$		$	$	
	▽	$		$	$	
	▽	$		$	$	
	▽	$		$	$	

9. Account Parameters

This section is optional

a. **Rush Delivery:** Check this box if you would like the card sent via Rush Delivery after account is opened; additional fees may apply

b. **Executive Card:** Check this box to request an Executive Card *(The card holder must be set up on Exec Program in order to request an Exec Card)*; additional fees may apply

c. **Declining Balance:** Check this box if the card should have a declining balance

d. **Effective Begin Date and Effective End Date:** If you selected Declining Balance, you may enter a start and end date, start date should be on or after the application request. Eight digits required; two for the month, two for the day and four for the year. Use a slash '/' or dash '-' between the numbers. Ex: 01/01/2018

e. **Card Delivery Code - Site ID:** Enter the five-digit Site ID we provided to you

f. **Accounting Code:** Your internal General Ledger/accounting code that's associated with the cardholder; 75 character limit

9. ACCOUNT PARAMETERS - optional

a. ☐ Rush Delivery (fee may apply. No P.O. box)
b. ☐ Executive Card
c. ☐ Declining Balance
d. _____ _____
Effective Begin Date (mm/dd/yyyy) Effective End Date (mm/dd/yyyy)

e. Card Delivery Code - Site ID
f. Accounting Code

(Continued)

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10. Hierarchy

Only complete this section if you were instructed to do so during program set-up. Use the bank values provided at the time of setup. The default is to use the company Level 1 Hierarchy. Each field is a five-digit number.

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

When you've completed all appropriate fields on the application, the program administrator should print their name, sign and date the form. Electronic signatures are accepted. Applications cannot be processed without a signature and/or date within the past 60 days.

11. ADMINISTRATOR CERTIFICATION - please read and sign

I am an authorized representative of the company and by submitting this application for a commercial card(s) for the applicant(s) listed above, I certify that:
· the information in the application and its supporting documents is accurate to the best of the company's knowledge, information and belief
· the identity of the applicant(s) has/have been verified and the applicant(s) is/are employee(s) or agent(s) of the company and is/are authorized to apply for and use the card(s) to incur expenses for the company, and
· the applicant(s) has/have consented to their information being provided for this application and a card(s) being issued in their name.
The company will maintain evidence of the applicant's consents and will give this evidence to JPMorgan Chase Bank, N.A., Chase Bank USA, N.A. or their affiliates upon request.

Program Administrator / Approver Name Printed*

X _____   *Use Today's Date*

Program Administrator / Approver Signature* (ELECTRONIC ACCEPTABLE)   Date*

Program Administrator (Authorized Signer) Submit Application to:
Email: CCS-Account-Services@chase.com

US_CC_0820

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