

GSA SmartPay2 - MasterCard Purchase Account Form

To ensure accurate and timely processing please type or print clearly. Incomplete, illegible forms will not be processed.

<input type="checkbox"/> New <input type="checkbox"/> Change (Only Complete Fields To Be Changed) <input type="checkbox"/> Delete/ Close	Cardholder Account	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; height: 20px;"></td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%; height: 20px;"></td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%; height: 20px;"></td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%; height: 20px;"></td> </tr> </table>		-		-		-	
	-		-		-				

Agency Information Required

Agency/Organization Name: _____

Includes Checks Yes _____ No _____

Plastic Type
 Standard (default) Quasi-Generic Generic

Hierarchy Level:	Level 1 (required)	Level 2	Level 3	Level 4	Level 5	Level 6
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Cardholder Information Required

First/Middle Name (21 Characters)		SSN last 4 digits (Required)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">XXX</td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%;">XX</td> <td style="width:5%; text-align: center;">-</td> <td style="width:25%;"></td> </tr> </table>	XXX	-	XX	-	
XXX	-	XX	-					
Last Name (21 Characters)								
Address Line 1 (35 Characters)			Mother's Maiden Name (Pass Phrase) (First 4 Characters)					
Address Line 2 (35 Characters)	Business Phone							
	() -							
City (23 Characters)	State	Zip Code	Birth Date					
			01-01-80 (DO NOT CHANGE)					
	Employee E-mail							

Cardholder Controls - to be completed by A/OPC

Credit Limit 30 Day	\$		Single Purchase Limit	\$

MASTER ACCOUNTING CODE:

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Approval Required - A/OPC

Prepared By: (Please Print)		Signature:	Date:
Approved By: (Please Print)		Signature:	Date:

Forms may be sent by facsimile transmission to JPMC without hard copy follow up provided, however, that JPMC shall be entitled to rely on any unconfirmed, facsimile transmission made by any person or persons JPMC reasonably believes to be acting on behalf of the Corporation as if such notice had been confirmed and the Corporation hereby indemnifies and holds JPMC harmless from any loss, cost or expense, including reasonable attorney's fees, which JPMC may incur or become liable for as a result of such reliance.

Bank Use Only

Account Number _____

Date: _____		Initials: _____
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Forward completed application to your Bureau's A/OPC