



(Do Not Submit This Page with a completed Application)

**Instructions for Completing a
Travel IBA Card Account Form**

Complete a VISA IBA Account Form to establish or update a Travel IBA card account on the card system.

New Card Application

1. Check the New box.

2. Complete the following fields:

■ **Agency Information (Required):**

- Agency/Organization Name
- Company # (5 Digits)
- Plastic Type: Check one box to indicate if this should be standard, quasi-generic, or generic. If no box is selected, the plastic type will default to the standard option.
- Hierarchy Level:
 - Level 1 (Required)
 - Level 2 (Required)

■ **Cardholder Information (Required):**

- Name Line 1: Cardholder name that will be embossed on the card (19 characters). This field can be alpha/numeric.
- Name Line 2 (Optional): Cardholder name that will be embossed on the card (19 characters). This field can be alpha/numeric.
- Address Lines 1 and 2 (35 characters each)
- City (Up to 23 characters), State, and Zip Code
- Site ID # (Optional): Agency specific. J.P. Morgan will provide details if applicable.
- E-mail address of the cardholder
- Employee ID: Cardholder's Employee ID
- Security Identifier of the cardholder (9 digit numeric identifier for activation purposes - Use SSN)
- Unique Date: Date of Birth/Hire (MM-DD-YYYY)
- Unique Passphrase (At least 4 digits)
- Work Phone Number of the cardholder
- Home Phone Number of the cardholder
- Credit Evaluation (Check one box):
 - To consent to credit worthiness evaluation by J.P. Morgan
 - To refuse credit worthiness evaluation by J.P. Morgan (A restricted credit limit will be issued)

■ **Cardholder Controls (To be completed by A/OPC):**

- Credit Limit: Dollar limit for the cycle.
- Cash Limit: Maximum percentage of credit limit for cash access (30% recommended).
- Request Cash Advance PIN: Select Yes if card should have ATM/Cash Advance access. Select No if card should be denied ATM/Cash Advance access. If no box is selected, the option will default as Yes.
- Merchant Category Code Group (MCCG) Name: Includes the MCCs in the selected MCCG.

■ **Approval Required AOPC:** Sign and date the form. Print or type the authorized signer's name.

NOTE: The authorized signer must have an Authorized Signer Form on file with J.P. Morgan.

E-mail the form to: CCS-Account-Services@JPMChase.com

Fax the form to: J.P. Morgan:
888-297-0785

Mail the form to: J.P. Morgan
P.O. Box 2015
Elgin, IL 60121

Overnight Mail: J.P. Morgan
2500 Westfield Drive
IL1-6225 Indirect Customer Service
Elgin, IL 60124
Phone: 888-297-0781

■ **Rush Card Delivery:** This should only be selected if the cardholder is traveling within the next 10 days.

Please check if a Rush/FedEx® request

GSA SmartPay® 2 - Visa IBA Cardholder Form

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

New Card Request

Agency Information Required

Agency/Organization Name: DHS Travel Card Program - USCG

Company # 70888 (5 digits)

Plastic Type

Standard (Default) Quasi-Generic Generic

Cardholder Information Required

First & Last Name (19 Character Max)						Social Security Number # (Required)		
						-	-	
Name Line 2 (Embossing)						Date of Birth (Required)		
						-	-	
Address Line 1 (35 Characters)						Unique Passphrase (First 4 Characters - Required)		
Address Line 2 (35 Characters)						Work Phone (Required)		
City (23 Characters)		State		Zip Code		Home Phone (Required)		
Site ID # (Agency Specific)		Employee E-mail				Employee ID (Required)		
Hierarchy Level:	Level 1 30001	Level 2 31100	Level 3 (Required)	Level 4 (Required)	Level 5	Level 6		

Cardholder Signature: _____ Date: _____

- By checking this box, I (the applicant) indicate consent for J.P. Morgan to perform a credit worthiness evaluation at the request of my agency
- By checking this box, I (the applicant) agree to a credit worthiness evaluation using the agencies alternate evaluation process

Cardholder Controls - To be completed by A/OPC

Credit Limit (Required)	\$ _____	<input checked="" type="checkbox"/> Cycle (Default)		
Cash Limit (Required) (30 % Recommended)		Request Cash Advance PIN (Yes or No)	Yes	No

Merchant Category Code Groups (at least 1 MCCG Required)

DHSTRVCGI	Include		
DHSUSCGCA	Include		

Approval Required - A/OPC

Manager Approval: (Please Print)		Signature:	Date:
Approved By: (Please Print)		Signature:	Date:

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

Bank Use Only

Account Number	_____ - _____ - _____ - _____
Date: _____	Initials: _____