



- 5x points per \$1 on the first \$50,000 spent annually at office supply stores, and on cellular phone, landline, internet, and cable TV services.
- No foreign transaction fees
- 1:1 Point Transfer
- Points do not expire

For a faster response:



CALL
1-800-882-6751



VISIT
www.getchaseink.com

J.P. Morgan Chase
P.O. Box 36520
Louisville, KY 40233

1 ABOUT YOUR BUSINESS (required)

Legal Name of Business

Business Street Address (no P.O. Box due to USA PATRIOT Act Verification)

City

State

Zip Code

Business Email Address

Business Phone Number[†]

Tax Identification Number (Sole proprietor, use SSN)

Annual Business Revenue/Sales

Number of Employees

Nature of Business

Years in Business Under Current Owner

Type of Business: Corporation Partnership Sole Prop Non-profit Government LLC

2 ABOUT YOURSELF (required)

First/Middle/Last Name (max 29 characters)

Residential Street Address (no P.O. Box due to USA PATRIOT Act verification)

City

State

Zip Code

Home Phone Number[†]

Date of Birth (MM/DD/YYYY)

Social Security Number

Gross Annual Income*

Mother's Maiden Name

*Alimony, child support, or separate maintenance need not be included if you do not wish to rely on it. Gross Annual Income is income that you are able to use for repaying your debts. Examples may include income earned from salaries, investments, rental properties, Social Security benefits and retirement accounts.

Job Title as Authorizing Officer: President Owner Vice President Member Treasurer Partner

3 FREE EMPLOYEE CARDS

Please list all other employees who you wish to receive cards

Full name of Employee #1

Social Security Number

Full name of Employee #2

Social Security Number

4 TRANSFER BALANCES

Transfer the amount(s) shown from the MasterCard,[®] Visa,[®] Discover,[®] American Express[®] or any store card account(s) listed below to my new account. We will not process any balance transfer requests that are from any other account or loan that we (Chase Bank USA, N.A.) or any of our affiliates issued.

Account Number (refer to credit card)

Amount

Account Number (refer to credit card)

Amount

YOUR SIGNATURE (required)

[†] When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

Authorizing Officer signature is required to process application.

X

Signature of Authorizing Officer

Title

Date

This is a business account which shall be used only for business purposes and not personal, family or household use. I certify that I am the Authorizing Officer of the Company with the authority to bind the Company to terms of the Business Cardmember Agreement. I agree that I am liable, both individually and jointly with the Company, for payment of all balances on any account opened pursuant to this application. I have read and agree to the disclosures provided to me with this application.

See reverse for additional employee cards and balance transfer options. ▶



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ADDITIONAL EMPLOYEE CARDS

Please list all other employees who you wish to receive cards.

Full name of Employee #3

Social Security Number

Full name of Employee #4

Social Security Number

ADDITIONAL BALANCE TRANSFER OPTIONS

Transfer the amount shown from the MasterCard® Visa® Discover® American Express® or business account listed below to my new account:

Account Number (refer to credit card)

\$

Amount



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