



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

(A) Check One

- New
- Change *(Only complete fields to be changed)*
- Delete/Close

(B) Corp # **8125**

Cardholder Account # _____ - _____ - _____

(C) State of Texas Agency / University Information

Agency / University Name:	TX WORKFORCE COMMISSION	Agency/University Code:	320
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(D) Cardholder Information (Please Print All Information)

Cardholder Name Line 1	input legal name	Social Security #	Date of Birth
Cardholder Name Line 2	00320-TWC	- -	/ /

(21 Characters per lines above) (Default Corp Name for Name Line 2 above) Email Address: _____

Residential Address Line 1	Work Phone:	Home Phone:
Residential Address Line 2	- -	- -

(35 Characters per line for above 2 address fields)

City <i>(23 Characters)</i>	State	Zip Code	-
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Billing Address Line 1	Work Phone:	Home Phone:
Billing Address Line 2	- -	- -

(35 Characters per line for above 2 address fields)

City <i>(23 Characters)</i>	State	Zip Code	-
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(E) By completing this application, I authorize JPMorgan Chase,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 JPMorgan Chase,NA cannot share my specific credit information with my employer or me, provided however, JPMorganChase 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 JPMorgan Chase 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 JPMorgan Chase 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 :
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Department/Supervisor's Signature: _____ (OPTIONAL based on Agency's internal policies)	Date:
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Program Administrator Name:	Date	Verification ID Number	
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Applicant: Please Complete form and forward to: (M. Chaires-Mitchell, Financial Operations Department, Travel, Room 446)
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 08125	Level 2 00219	Level 3 00002	Level 4 00000
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(H) Cardholder Controls

Average Monthly Travel Spend	\$
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MCC Groups - (Merchant Category Code Group): **State of Texas Standard: TXTRVL, TX 200, TXEXCL**

(I) Bank Use Only

Account Number _____ - _____ - _____

Verification ID# Verified:	Date:	Initials:
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Credit Limit	CLI U12-220	Credit Initials
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