

## JPMorgan Chase Travel (Individual Bill) Cardholder Account For State of Texas Use Only

<b>(A)</b> Check One:		<b>(B)</b> Corp # 8202
<input type="checkbox"/> New	Cardholder Account # ____-____-____-____	
<input type="checkbox"/> Change <i>(Only complete fields to be changed)</i>		
<input type="checkbox"/> Delete/Close		

### (C) State of Texas Agency / University Information

Agency / University Name:	U.T. Health Science Center @ San Antonio	State Agency Code:	745
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### (D) Cardholder Information *(Please Print All Information)*

Cardholder Name - legal		Social Security #	Date of Birth
Cardholder Name Line 2			
<i>(24 Characters per line)</i>		Email Address:	
Residential Address Line 1		Work Phone:	Home Phone:
Residential Address Line 2		- -	- -
<i>(35 Characters per line)</i>			
City <i>(23 Characters)</i>	State	Zip Code	-
Billing Address Line 1		Work Phone:	Home Phone:
Billing Address Line 2		- -	- -
<i>(35 Characters per line)</i>			
City <i>(23 Characters)</i>	State	Zip Code	-

**(E)** By completing this application, I authorize JPMorgan Chase 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 cannot share my specific credit information with my employer or me, provided however, JPMorgan Chase 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: <b>REQUIRED</b>		Date		
Department/Supervisor's Signature: _____		Date		
Department/Supervisor's Signature (PRINT) _____				
Program Administrator Vikki Foster Ross		Date		<b>Verification ID Number</b>

**Applicant: Please Complete form and forward to: Travel Services Office Fax: 562-6290**

**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 8202	Level 2 00143	Level 3 00316	Level 4 0002
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### (H) Cardholder Controls

Average Monthly Travel Spend	\$
MCC Groups- (Merchant Category Code Group)	<b>State of Texas Standard</b> TXTRVL, TX 500, TXEXCL

### (I) Bank Use Only

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

CARD USE AGREEMENT

I agree that use of the JPMorgan Chase Individual Corporate Card, referred to as "the Card" below; will be governed by the following:

- The Card is to be used exclusively for **UTHSCSA business travel charges**. In addition to charging airfare, hotel, and car rental expenses, the cardholder may charge emergency travel related retail purchases up to \$500 per billing cycle. Some examples of emergency travel related expenses are items purchased due to lost luggage or auto repair for a personal vehicle used for official business. The Card may not be used to purchase alcohol, entertainment, ammunition, weapons, or other high-risk items as determined by the Texas Building and Procurement Commission.
- Use of the Card for charges other than related to official UTHSCSA business travel is prohibited and is a direct violation of state policy ([www.ethics.state.tx.us/opinions/147.html](http://www.ethics.state.tx.us/opinions/147.html)). Misuse of the Card will result in card cancellation and may result in disciplinary action. Travel Services conducts monthly audits to ensure compliance with State policy.
- All accounts are payable in full upon receipt of the monthly statement. It is the cardholder's responsibility to compare each monthly statement with receipts to ensure that each charge is authorized.
- An account is considered delinquent 31 days after the billing date. When an account reaches 61 days past due, it is suspended until it is paid. Accounts that reach 90 days past due will be cancelled and will not be reopened.
- Individual liability travel charge cards will be assessed delinquency charges on past-due balances. If all or any portion of a payment is not received by JPMorgan Chase by the 58<sup>th</sup> day after the first Statement Date, JPMorgan Chase will assess a late fee equal to **2.5% of all Past Due Balances** on such day after the first Statement Date and every thirty days thereafter until payment is received by JPMorgan Chase. **Delinquency assessments are not reimbursable.**

I understand that once I receive the Card, I am ineligible for travel advances unless establishments at a business destination do not accept the Card.

I understand that UTHSCSA may request a copy of my card receipts and statements to verify charges at any time.

If my card is lost or stolen, I must immediately notify JPMorgan Chase at: 1-800-890-0669 and the UTHSCSA travel coordinator at 562-6200.

*I understand the above-stated policies, regulations, and penalties for using the State of Texas individual corporate travel charge card and agree to abide by them.*

**I understand that this signed agreement is legally binding.**

As the designated user of the Card, I agree to accept responsibility for the protection and proper use of the Card in accordance with the terms of this Agreement, state law, and UTHSCSA policy.

**Cardholder:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Authorized by Department Supervisor:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Approved by Department V.P., Chairman, Dean, or Director:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_