

**JPMorgan Chase Bank Travel (Individual Bill) Cardholder Account Application
For State of Texas Use Only**

X New Card

Corp # 8135

State of Texas Agency / University Information

Agency / University Name: **Texas Tech Univ Health Sciences Center** State Agency Code: **739**

Cardholder Information (Please Print Required Information)

Cardholder Name - Legal _____ Name Line 2 00739-TTUHSC _____ Billing Address _____ City _____ State _____ Zip _____ () _____ Home Address _____ City _____ State _____ Zip _____ Code _____	Social Security # _____ Date of Birth _____ Email Address: _____ Work Phone: _____ Home Phone: _____ Zip Code _____
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By completing this application, I authorize JPMorgan Chase Bank, 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 Bank, NA cannot share my specific credit information with my employer or me, provided however, JPMorgan Chase Bank, NA 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.**

Cardholder Controls

Average Monthly Travel Spend	\$5,000
MCC Groups- (Merchant Category Code Group)	State of Texas Standard TXTRVL, TX 200/200, TXEXCL

Cardholder Approvals

Cardholder Signature: REQUIRED _____	Date _____
Department/Supervisor's Signature: REQUIRED _____	Date _____

Program Administrator: Celeste Kulinski Verification ID Number: _____
 Director of Business Services

Applicant: Please complete form & forward to Celeste Kulinski, Business Services, MS6283, Lubbock, TX

Bank Use Only

Account Number _____ - _____ - _____ - _____

Verification ID# Verified: _____ Date: _____ Initials: _____

Credit Limit **CLI U12-220** Credit Initials

Program Administrator: Please submit application through SDOL.