JPMorganChase

Individual Cardholder Application

Please print clearly and completely. Incomplete applications can not be processed.

Index/PCA

Company Name **STATE OF MICHIGAN** - DLEG #63783	Department (Full Dept. Name) **Department of Labor & Economic Growth**
Cardholder's Name (First, Middle Initial, Last)	Date of Birth N or Nine / Employee ID # (Enter a "0" first if only six digits) 64
Billing Address(line 1) **611 W. Ottawa St., 4th Floor**	Billing Address (line 2) **DL&EG Purchasing - P' card**
City, State, Zip Code **Lansing, MI 48933**	Do not write in this space
Home Phone (Area Code, Phone Number)	Office Phone (Area Code, Phone Number)
Cardholder's Signature / Date E-Mail Address:	Position
Cardholder's Supervisor or Manager's Name (Last, First)	Supervisor or Managers Signature / Date E-Mail Address:
Supervisor or Manager's Office Number (Include Area Code)	Supervisor or Manager's Fax Number (Include Area Code)

Spending Authorization Parameters

Single Item Purchase	Daily Transaction Limit	Daily Amount Limit	Monthly # of Transactions	Monthly Spending Limit
$ **2,500**	# **10**	$ **6,000**	# **50**	$ **25,000**

MCC Codes - Company group
(applies to all cardholders within an assigned group)

☒ Existing MCC Table-Group: **505 N - State of MI**

MCC Codes - Exceptions
Please attach New MCC table for this cardholder.

☐ New MCC Table

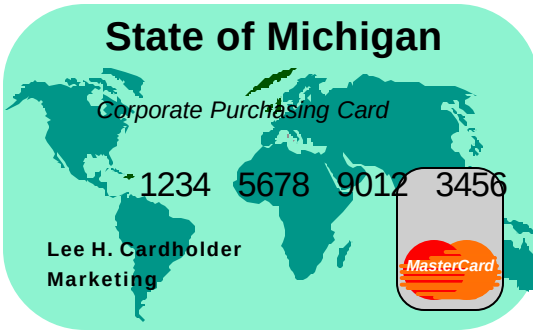
Plastic Layout

Please indicate 2nd line embossment

Line 1- Cardholder's Name will appear as above

DLEG/

Line 2- Please print 2nd line embossment (21 character alphanumeric field).



Department Administrator

Name (First, Middle Initial, Last)	Office Number (Area Code, Phone Number]	Fax Phone Number
Karin M. Eirosius	**(517) 335-1967**	**(517) 373-2927**

Delivery Information (Indicate where card should be sent)

Contact Name (First, Middle Initial, Last)	Mailing Address

Revised (1/06)