# J.P. Morgan’s Single-Use AccountsSM Enrollment Form

**Instructions**:

1) Complete this form in Word

2) Print to obtain signature

3) Scan and Email for directly to: [otisvirtualcard@otis.com](mailto:otisvirtualcard@otis.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Company Name:* | | |  | | | | | | *Fed Tax ID or GST#:* | | |  |
| *Phone Number:* | | |  | | | | | | | | | |
| *Street Address 1:* | | |  | | | | | | | | | |
| *Street Address 2:* | | |  | | | | | | | | | |
| *City:* |  | | | | | *State:* | |  | | *Zip:* |  | |
| ***Accounts Receivable Contact Information*** | | | | | | | | | | | | |
| *Name:* | | | |  | | | | | | | | |
| *Title:* | | | |  | | | | | | | | |
| *1Payment Notification Email:* | | | |  | | | | | | | | |
| *Contact’s Phone Number:* | | | |  | | | | | | | | |
| **Company’s Authorization** | | | | | | | | | | | | |
| *Authorized Representative Name:* | | | |  | | | | | | | | |
| *Title:* |  | | | | *Email:* | |  | | | | | |
| Authorized Representative Signature: | | | |  | | | | | | | | |
| *Date:* | |  | | | | | | | | | | |

*1An email address is required for the payment notification. We recommend a central email address, such as* [*accountsreceivable@vendorname.com*](mailto:accountsreceivable@vendorname.com)*.*