

**The Morgan Account**  
**Application: Business Deposit Accounts**



CAS 0820476622  
**SCAN**  
 SPN #: 7705808  
 ACCT. #: 739474 340  
 Doc. ID #: 771 2 876  
 Effective Date: \_\_\_\_\_

MORGAN USE ONLY US841 10/05  
 Title **JEGE, INC.**  
 SPN \_\_\_\_\_ MMIA No. \_\_\_\_\_  
 Primary CAS \_\_\_\_\_  
 Checking Acct. No. \_\_\_\_\_  
 Business Checking with Interest Acct. No. \_\_\_\_\_  
 JP Morgan Rep. (sent package) **THOMAS A. RICE**

<b>A</b> ACCOUNT INFORMATION	Title of Account <b>JEGE, INC.</b>	Entity Type: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Foundation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Check if applicable: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other _____		
<b>B</b> ACCOUNT TYPE	<input type="checkbox"/> Checking Account <input type="checkbox"/> Business Checking with Interest Account* <input type="checkbox"/> Money Market Investment Account <input checked="" type="checkbox"/> Other _____ <small>* Available only to trusts &amp; estates, sole proprietorships, non-for-profits, school districts, and government organizations.</small>			
<b>C</b> CORPORATE/ PARTNERSHIP INFORMATION  <small>**Must be Authorized Person</small>	Name of Corporation/Partnership/LLC/ Doing Business As <b>JEGE, INC., C/O NEW YORK STRATEGY GROUP</b>	Type of Business	Tax Identification Number (TIN) <b>51-0405649</b>	
	Contact Person** _____ Title _____	Telephone _____	Fax _____	
	Current Mailing Address <b>467 MADISON AVENUE FOURTH FLOOR</b>	City <b>NEW YORK</b>	State <b>NY</b>	Zip Code/Country <b>10022</b>
<b>D</b> CHECKS	Check Style (JPMorgan exclusive check stock): <input type="checkbox"/> Wallet (single check) <input type="checkbox"/> Newport Desk Book (spiral binder, 3 checks/page) <input type="checkbox"/> Business-Style Book (ring binder, 3 checks/page) <input checked="" type="checkbox"/> Computer Checks (list software) <b>Quickbooks</b> <input type="checkbox"/> Other*** _____ <b>LaserJet - Single Voucher</b> <small>***Other check styles may incur additional fee.</small> Check Imprint: Checks will be imprinted with Title of Account as it appears on this Application, and address as listed in the corporate/partnership information section of this application, or on file. <input type="checkbox"/> Please omit my address from the check imprint. Alternate Check Delivery Address: Name _____ Company _____ Address _____ City _____ State _____ Zip Code _____ Country _____			
<b>E</b> STATEMENTS	Reduced size images of the front and back of each check will be returned with statements unless otherwise indicated <input type="checkbox"/> Truncate checks and do not return			
<b>F</b> ACCOUNT LINKING	Note: Linking Agreement contained in Subdivision I of this application. Link for Pricing: To apply earning credits/fee allowances to offset monthly maintenance and/or transaction charges (as listed on my current fee schedule). <input type="checkbox"/> Link my following non-interest bearing Business Checking accounts: _____ _____ Account Number for lead Checking Account to be billed any monthly maintenance charges: _____			