

Special Consideration Form

For Consumer and Business Card Exceptions

Instructions: For Consumer Card, fax completed form and application to 1-800-950-1166
 For Business Card, fax completed form and application to 1-800-955-8050

Section 1: Type Of Inquiry (check one from each section below):

Consumer	New Application
Business	Reconsideration
	Credit Limit Increase* (Account # [REDACTED])

*Personal Annual Income Required in Section 3 to Process Credit Line Increase

Section 2: Banker Information: (complete all fields)

Today's Date: MARCH 13, 2007 Submitted by: MARIA HORNAK

Market/Region Name: FINANCIAL MARKETS Cost Center Number: [REDACTED]

Phone Number: ([REDACTED]) Fax Number: ([REDACTED])

E-Mail Address: [REDACTED]

Section 3: Applicant Information: (complete all relevant fields)

Name of Applicant/Authorizing Officer: JEQE, INC / JEFFREY EPSTEIN

Business Name: _____ (Business Card ONLY)

Tax Identification Number (TIN): [REDACTED] (Business Card ONLY)

Applicant's / Company's physical address (if different on the application): _____

Social Security Number: [REDACTED] Credit Limit Requested: \$ 25,000

We may require verification of the following information:
 *Gross Annual Household Income \$1,800,000 + Business Income (Business Card Only): \$ 500,000 +
*Alimony, child support or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

USAP/326/Bank Secrecy Act Certification (Required): By checking this box and signing below, I certify that this customer has, in accordance with the JPMC CIP, undergone and passed the customer identification due diligence procedures for the referenced line of business

Chase Requestor's Signature (Required): _____ Line of Business: _____

Section 4: Depository Relationship Information: (provide as much information as possible - use additional sheets if needed)

Account Number	Type	Balance	Open Date
[REDACTED]	DDA	25,874.55	10/27/04

Other information: SEE ATTACHED

Note: If this is a re-evaluation of a previously declined application, please have the customer sign below indicating that he/she permits an additional credit report to be obtained if more than 30 days has elapsed since the original credit decision

Applicant/Authorizing officers signature: [REDACTED] Date: 3/13/07

OPTIONAL EXECUTIVE ENDORSEMENT (See Page 1 for Approved Signer Information)

The appropriate signature permits Chase Bank USA (Card Services) to collect 100% of the outstanding balance if the account becomes 90 days delinquent and/or bankrupt. Your company and cost center will be required to reimburse Chase Bank USA for the amount of any charge-off

Executive Name (please PRINT): _____ Title: _____

Authorized Signature : _____ Date: SCAN

Company #: _____ Cost Center #: _____ SPN # _____

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Effective Date: _____