

The Morgan Account
Application: Business Deposit Accounts



MORGAN USE ONLY US841 10/05

Title **JEGE, INC.**
 SPN _____ MMIA No. _____
 Primary CAS **0220476622**
 Checking Acct. No. XXXXXXXXXX
 Business Checking with Interest Acct. No. _____
 JP Morgan Rep. (sent package) **THOMAS A. RICE**

A ACCOUNT INFORMATION	Title of Account JEGE, INC.	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"/> Sole Proprietorship <input type="checkbox"/> Not for Profit <input type="checkbox"/> Other _____	
B ACCOUNT TYPE	<input checked="" type="checkbox"/> Checking Account <input type="checkbox"/> Business Checking with Interest Account* <input type="checkbox"/> Money Market Investment Account <input type="checkbox"/> Other _____ <small>* Available only to trusts & estates, sole proprietorships, not-for-profits, school districts, and government organizations.</small>		
C CORPORATE/ PARTNERSHIP INFORMATION <small>**Must be Authorized Person</small>	Name of Corporation/Partnership/LLC/ Doing Business As JEGE INC	Type of Business .	Tax Identification Number (TIN) 51-0405649
	Contact Person** 000000	Title .	Telephone .
	Current Mailing Address 457 MADISON AVE 4TH FL	City NEW YORK	State NY
D 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) _____ <input type="checkbox"/> Other*** _____ <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 _____		
E 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		
F 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: _____		