# 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

|  |  |  |  |
| --- | --- | --- | --- |
| *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**.*