









## GSA SmartPay Program Application

**Information for Applicants:** *The GSA SmartPay program is managed by the U.S. General Service Administration’s Center for Charge Card Management (CCCM). Eligibility to participate in the GSA SmartPay program is determined by GSA in accordance with all applicable laws and regulations. Any entity or organization, or individual thereof, authorized by the GSA representative's acceptance and signature on this application to apply to the contractor bank for the GSA SmartPay Program charge cards must be requested and approved by GSA.*

For GSA SmartPay Master Contract terms and conditions, please visit <http://www.smartpay.gsa.gov>

### APPLICATION

The applicant requests the following services (check all that apply):

<input type="checkbox"/>		Fleet Account
<input type="checkbox"/>		Travel Account
<input type="checkbox"/>		City Pair (must have Travel Account)
<input type="checkbox"/>		Tax Advantage Travel Card Account
<input type="checkbox"/>		Purchase Account
<input type="checkbox"/>		Integrated Account

# AGREEMENT

*The applicant agrees:*

- 1) To abide by all terms and conditions of the contract(s) in which it wishes to participate;
- 2) That GSA has complete authority to:
  - a) Settle disputes arising relative to services requested by the applicant against this/these contracts and to charge back to the applicant any costs of settling disputes, including costs of litigation (transcripts, filing fees, etc.), attorney fees paid by the Government under 5 U.S.C. § 504 and administrative costs of conducting or supporting litigation or dispute resolution short of litigations; and
  - b) Collect any debts incurred by the applicant under the GSA SmartPay and/or City Pair contracts by administrative offset; and (acting by or through any attorney of the U.S. Department of Justice or any federal agency attorney authorized to act as special attorney of the U.S. Government) for debts incurred by the applicant under the GSA SmartPay and/or City Pair contracts in any court with jurisdiction to hear a collection action between GSA and the applicant.
- 3) To pay all costs charged back to the applicant by GSA; and
- 4) That if the applicant is a Native American Tribe or Tribal Organization, it has:
  - a) a current Indian Self Determination and Education Assistance Act contract, grant, cooperative agreement from the Department of the Interior through the Bureau of Indian Affairs pursuant to 25 U.S.C. § 450j(k); or
  - b) a current Native American Housing Assistance and Self-Determination Act (NAHASDA) block grant from the Department of Housing and Urban Development pursuant to (25 U.S.C. § 4111(j). Provide the cover letter(s) for each current Department of the Interior and Department of Housing and Urban Development contract, grant, cooperative agreement or block grant agreement to the GSA point of contact listed in this document.
- 5) That if the applicant is **other than** a Native American Tribe or Tribal Organization, it has been informed in writing by the Government (e.g., agency Contracting Officer) that it is authorized to use GSA sources of supply. Provide the letter(s) or other appropriate documentation provided by the appropriate governmental authority to the GSA point of contact listed in this document.
- 6) The applicant must complete the wire payment/ACH form provided by the contractor bank to enable payments for refunds and incentives.
- 7) The person signing this application has the authority to bind the applicant.

**AGENCY/ ORGANIZATION NAME:** \_\_\_\_\_

**AUTHORIZED APPLICANT NAME:** \_\_\_\_\_

**AUTHORIZED APPLICANT TITLE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **INFORMATION**

*Please provide a primary and alternate point of contact for the business line program(s) for which your organization/entity is seeking eligibility. The individual(s) listed here will be responsible for program management for the applicant. The individual(s) will also be the point(s) of contact whom GSA will disseminate information and updates about the program(s).*

### **FLEET POINT OF CONTACT INFORMATION:**

**PRIMARY POINT OF CONTACT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ALTERNATE POINT OF CONTACT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### **TRAVEL POINT OF CONTACT INFORMATION:**

**PRIMARY POINT OF CONTACT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ALTERNATE POINT OF CONTACT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**PURCHASE POINT OF CONTACT INFORMATION:**

**PRIMARY POINT OF CONTACT:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ALTERNATE POINT OF CONTACT:** \_\_\_\_\_


**TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**ESTIMATED NUMBER OF CARD ACCOUNTS NEEDED BY PRODUCT LINE:**

	Fleet Account
	Travel Account
	City Pair (must have Travel Account)
	Tax Advantage Travel Card Account
	Purchase Account
	Integrated Account

**ESTIMATED AMOUNT OF ANNUAL SPEND BY PRODUCT LINE:**

	Fleet Account
	Travel Account
	City Pair (must have Travel Account)
	Tax Advantage Travel Card Account
	Purchase Account
	Integrated Account

**ASSISTANCE**

**For assistance in completing this application, contact:**

Pam Morgan

*Center for Charge Card Management (CCCM)*

(281) 739-7992

[pamela.morgan@gsa.gov](mailto:pamela.morgan@gsa.gov)