



# Managing account setup form Purchasing

Government Services

<b>Select one:</b> <input type="checkbox"/> 3059 (Visa) <input type="checkbox"/> 8203 (Mastercard)	Agent Number: _____ Cycle Date: _____	<b>Or mail request to:</b> U.S. Bank Government Services 200 South Sixth Street – EP-MN-L25C Minneapolis, MN 55402 <b>Email:</b> gov.service@usbank.com
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## Managing account contact information (Complete all information)

Contact name: \_\_\_\_\_ (name 1) (maximum 24 characters)

Agency/Organization name: \_\_\_\_\_ (name 2) (maximum 21 characters)

Address 1: \_\_\_\_\_ (maximum 35 characters)

Address 2: \_\_\_\_\_ (optional) (maximum 35 characters)

City: \_\_\_\_\_ State: \_\_\_\_\_ (maximum 25 characters) (maximum 2 characters)

ZIP code: \_\_\_\_\_ Country: \_\_\_\_\_ (maximum 9 characters) (maximum 3 characters)

Business phone number: \_\_\_\_\_ Overseas phone number: \_\_\_\_\_ (maximum 10 characters) (maximum 18 characters)

Fax number: \_\_\_\_\_ Email address: \_\_\_\_\_ (maximum 18 characters) (maximum 60 characters)

Credit limit: \$ \_\_\_\_\_ Will any cardholder under this Managing Account use convenience checks? Yes  
No

Cycle limit: \$ \_\_\_\_\_

**Reporting levels**  
 Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_ Level 3: \_\_\_\_\_ Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_

**Authorization limits (optional)**

Daily transaction limit: \_\_\_\_\_ Single purchase limit: \$ \_\_\_\_\_

Cycle transaction limit: \_\_\_\_\_ Daily purchase limit: \$ \_\_\_\_\_

Monthly transaction limit: \_\_\_\_\_ Monthly purchase limit: \$ \_\_\_\_\_

Quarterly transaction limit: \_\_\_\_\_ Quarterly purchase limit: \$ \_\_\_\_\_

Annual transaction limit: \_\_\_\_\_ Annual purchase limit: \$ \_\_\_\_\_

## Default/Master accounting code (max. 150 char.)

First segment of accounting code: \_\_\_\_\_

Second segment of accounting code: \_\_\_\_\_

Third segment of accounting code: \_\_\_\_\_

Fourth segment of accounting code: \_\_\_\_\_

Fifth segment of accounting code: \_\_\_\_\_

Sixth segment of accounting code: \_\_\_\_\_

## Form submitted by

Name (print/type): \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Customer service  
888-994-6722

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