us bank

Managing account setup form
Purchasing

| Select one:
☐ 3059 (Visa)
☐ 8203 (Mastercard) | Agent Number: _____
Cycle Date: _____ | **Or mail request to:**
U.S. Bank Government Services
200 South Sixth Street – EP-MN-L25C
Minneapolis, MN 55402
Email: gov.service@usbank.com |

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   Yes

Cycle limit: $_____   use convenience checks?   No

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: _____

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Customer service
888-994-6722