



Select one: <input type="checkbox"/> 3059 (Visa) <input type="checkbox"/> 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
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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: _____ (maximum 25 characters) **State:** _____ (maximum 2 characters)

ZIP code: _____ (maximum 9 characters) **Country:** _____ (maximum 3 characters)

Business phone number: _____ (maximum 10 characters) **Overseas phone number:** _____ (maximum 18 characters)

Fax number: _____ (maximum 18 characters) **Email address:** _____ (maximum 60 characters)

Credit limit: \$ _____ **Will any cardholder under this Managing Account use convenience checks?** Yes

Cycle limit: \$ _____ 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: _____