



Select one: 3059 (Visa) 8203 (Mastercard)	Please return completed form via:	Email: cpsappsgsa@usbank.com Fax: 612.973.3791 or 800.974.0777	Mail: U.S. Bank Government Services 200 South Sixth Street EP-MN-L25C Minneapolis, MN 55402
--	--	---	---

Required cardholder information	Required cardholder legal information
--	--

Applicant/Cardholder name: _____ (maximum 21 characters) Address 1: _____ (maximum 35 characters) Address 2: _____ (optional) (maximum 35 characters) City: _____ State: _____ (maximum 35 characters) (maximum 2 characters) ZIP code: _____ Country: _____ (maximum 9 char.) (maximum 3 characters) Agency/Organization name: _____ (name 2) (embossed on plastic – maximum 21 characters) Business phone number: _____ (maximum 10 characters) Mobile phone number: _____ (maximum 18 characters) Fax number: _____ (maximum 18 characters) Email address: _____ (maximum 60 characters)	Full legal name: _____ (maximum 78 characters) Residency address 1: _____ (Cannot be PO Box) (maximum 35 characters) Residency address 2: _____ (optional) (maximum 35 characters) City: _____ State: _____ (maximum 35 characters) (maximum 2 characters) ZIP code: _____ Country: _____ (maximum 9 char.) (maximum 3 characters) Date of birth: _____ (optional)
	Alternate delivery address Address 1: _____ (maximum 35 characters) Address 2: _____ (maximum 35 characters) City: _____ State: _____ (maximum 35 characters) (maximum 2 characters) ZIP code: _____ Country: _____ (max. 9 char.) (maximum 3 characters)

Credit limit: \$ _____	Single Purchase limit: \$ _____
Convenience checks Yes No	Card suppression Yes No
Convenience check purchase limit: \$ _____	OR not valid after _____ days
MCCG Template 1: _____ MCCG Template 2: _____	MCCG Template 3: _____ MCCG Template 4: _____

Processing levels
Agent number: _____ Company number: _____ Division number: _____ Department number: _____

Reporting levels
Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____ Level 5: _____ Level 6: _____ Level 7: _____

Authorization limits (optional) Daily transaction limit: _____ Cycle transaction limit: _____ Monthly transaction limit: _____ Quarterly transaction limit: _____ Annual transaction limit: _____	Single purchase limit: \$ _____ Daily purchase limit: \$ _____ Monthly purchase limit: \$ _____ Quarterly purchase 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): _____ Signature: _____ Date submitted: _____	Phone: _____ Fax: _____ Email: _____