# us bank

## Managing account setup form
## Purchasing

Government Services

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

01-0027-01-MAS-P (6/19) CAT-17506703