



Select one: 8201 (Visa) 8202 (Mastercard)	Agent Number: _____ Cycle Date: _____	Email: gov.service@usbank.com Or mail request to: U.S. Bank Government Services 200 South Sixth Street – EP-MN-L25C Minneapolis, MN 55402
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Managing Account Contact Information (Complete all information)

Contact name: _____ <small>(name 1) (maximum 24 characters)</small>	Agency/Organization name: _____ <small>(name 2) (maximum 21 characters)</small>		
Address 1: _____ <small>(maximum 35 characters)</small>	Address 2: _____ <small>(optional) (maximum 35 characters)</small>		
City: _____ <small>(maximum 25 characters)</small>	State: _____ <small>(maximum 2 char.)</small>	ZIP code: _____ <small>(maximum 9 characters)</small>	Country: _____ <small>(maximum 3 characters)</small>
Business phone number: _____ <small>(maximum 10 characters)</small>	Overseas phone number: _____ <small>(maximum 18 characters)</small>		
Fax number: _____ <small>(maximum 18 characters)</small>	Email address: _____ <small>(maximum 60 characters)</small>		
Credit limit: \$ _____	Will any cardholder under this Managing Account use cash?		
	Yes No		
	<i>If yes, please indicate the percentage of credit limit that should be available for cash:</i> _____		

Reporting levels

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

Form submitted by:

Name (print/type): _____	Phone: _____	Fax: _____
Signature: _____	Email: _____	
Date submitted: _____		