



MANAGING ACCOUNT SETUP
(Also known as "Billing Official" or "Approving Official" Setup)

DoD - 3058

PLEASE DO NOT USE THIS FORM IF YOU ARE EDI-ENABLED

Agent Number _ _ _ _

Cycle Date _ _

Managing Account Contact Information (Complete all information)

Contact Name _ _ _ _ _
(Name 1- max 24 char.) First Last

Agency/Organization Name _ _ _ _ _
(Name 2) (max. 24 char.)

Address 1 _ _ _ _ _
(max. 35 char.)

Address Line 2 _ _ _ _ _
(Optional) (max. 35 char.)

City _ _ _ _ _ State _ _ Zip _ _ _ _ _ Country _ _ _
(max. 23 char.) (max. 9 char.)

Business Phone Number _ _ _ - _ _ _ - _ _ _ Overseas Phone Number _ _ _ _ _
(max. 10 char.) (max. 18 char.)

Fax Number _ _ _ - _ _ _ - _ _ _ E-mail Address _____
(max. 10 char.) (max. 60 char.)

Credit Limit \$ _ , _ _ _ , _ _ _ Cycle Limit \$ _ , _ _ _ , _ _ _

Will any cardholders be using convenience checks under this managing account? Yes No

Reporting Levels

Level 1 _ _ _ _ Level 2 _ _ _ _ Level 3 _ _ _ _ Level 4 _ _ _ _

Level 5 _ _ _ _ Level 6 _ _ _ _ Level 7 _ _ _ _

Form Submitted by A/OPC:

Signature _____ Print Name _____

Phone _____ Fax _____ Date Submitted _____

(Continue to Page 2 - Optional)

FAX REQUEST TO 800-974-0777

OR
MAIL REQUEST TO:
U.S. BANK GOVERNMENT SERVICES
200 SOUTH SIXTH STREET – EP-MN-L25C, MINNEAPOLIS, MN 55402



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Authorization Controls (optional)

Daily Transaction Limit	-----	Daily Purchase Limit	\$ __, ____, ____
Cycle Transaction Limit	-----	Monthly Purchase Limit	\$ __, ____, ____
Monthly Transaction Limit	-----	Quarterly Purchase Limit	\$ __, ____, ____
Quarterly Transaction Limit	-----	Yearly Purchase Limit	\$ __, ____, ____
Yearly Transaction Limit	-----		

Form Submitted by A/OPC:		
Signature _____	Print Name _____	
Phone _____	Fax _____	Date Submitted _____

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