



**CARDHOLDER SETUP**

**Purchasing - 3059**

Agent \_\_\_\_\_  
(Leave blank if Cardholder Setup is sent with Agency Setup)

**Cardholder Information** (Complete all information)

Cardholder Name \_\_\_\_\_  
(Name 1) (max. 21 char.)

Agency/Organization Name \_\_\_\_\_  
(Name 2) (Embossed on plastic - max. 21 char.)

Third Line Embossing (User Field 2) \_\_\_\_\_  
(The first 8 characters will be embossed on the card - max. 15 char)

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Country \_\_\_\_\_  
(max. 25 char.) (max. 9 char.)

Business Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(max.10 char.) (max.10 char.)

Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_  
(max. 18char.) (max. 60 char.)

30 Day Limit \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Single Purchase Limit \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Card Suppression  Yes  No Convenience Checks  Yes  No Convenience Check  
Single Purchase Limit \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Default \$2500)

MCCG Template 1 \_\_\_\_\_ MCCG Template 2 \_\_\_\_\_ MCCG Template 3 \_\_\_\_\_ MCCG Template 4 \_\_\_\_\_

**Processing Levels**

Company \_\_\_\_\_ Division \_\_\_\_\_ Department \_\_\_\_\_

**Reporting Levels**

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

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

**Form Submitted by**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

**For U. S. Bank Government Services use only**  
Rec'd Date \_\_\_\_\_ Input Date \_\_\_\_\_  
Completed by \_\_\_\_\_  
Review Date \_\_\_\_\_ Reviewed by \_\_\_\_\_  
Reject Date \_\_\_\_\_

**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



**CARDHOLDER SETUP**

**Authorization Controls** (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 25 characters of Accounting Code \_\_\_\_\_

Second 25 characters of Accounting Code \_\_\_\_\_

Third 25 characters of Accounting Code \_\_\_\_\_

Fourth 25 characters of Accounting Code \_\_\_\_\_

Fifth 25 characters of Accounting Code \_\_\_\_\_

Sixth 25 characters of Accounting Code \_\_\_\_\_

Tax Exempt Number \_\_\_\_\_  
(max. 15 char.)

**Form Submitted by**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

<b><i>For U. S. Bank Government Services use only</i></b>	
Rec'd Date _____	Input Date _____
Completed by _____	
Review Date _____	Reviewed By _____
Reject Date _____	
Reject Reason	
<input type="radio"/> Incomplete (missing information circled or highlighted)	
<input type="radio"/> Other _____	

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