

CARDHOLDER SETUP – TRAVEL CBA



8201 (Visa) 8202 (MasterCard)

Instructions

- 1. Complete all fields as they are **REQUIRED** unless noted as (optional)
- 2. Please fax all the pages to 800-974-0777

CARDHOLDER INFORMATION *(Complete all information)*

Account Name *(Embossing)*
(Name - max 21 characters) First Middle Int. Last Name

Agency/Organization Name *(Embossing)*
(max. 21 characters - Do not use this field if you do not want embossing on plastic)

Address 1
(max. 35 char.)

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

City _____	State _____	Zip _____ - _____ <i>(max. 9 char.)</i>	Country _____ <i>(max. 9 char.)</i>
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Business Phone Number _____ <i>(max. 10 char.)</i>	Alternate Phone Number _____ <i>(max. 18 char.)</i>
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Fax Number _____ <i>(max. 18char.)</i>	E-mail Address _____ <i>(max. 60 char.)</i>
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Issue Plastic <input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Limit <input type="checkbox"/> Default (\$250,000) <input type="checkbox"/> Other _____
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Processing Levels

Agent # _____ 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 _____

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