

**POINT OF CONTACT SETUP FORM
FLEET - 8201**



Instructions

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

Agent Number _____ Company Number _____

Type of Contact

Please choose one:

Primary Alternate LFPC/FM AO A/OPC

Reporting Levels

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

Point of Contact Setup Information

Last Name _____ (max. 20 char.)
First Name _____ (max. 20 char.)
Agency /Organization Name _____ (max. 30 char.)
Address 1 _____ (max. 30 char.)
Address 2 (optional) _____ (max. 30 char.)
City _____ (max. 15 char.) State _____ (2 char.) Zip _____ - _____ (max. 9 char.)
Country _____ (max. 10 char.)
Phone Number _____ (max. 22 char.) Fax Number _____ (max. 17 char.)
Email Address _____ (max. 60 char.)

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
CUSTOMER SERVICE PHONE NUMBER (888-994-6722)

