



Government Services

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

Purchasing - 3059

Agent Number _ _ _ _ _

Cycle Date _ _

Managing Account Contact Information (Complete all information)

Contact Name _ _ _ _ _
(Name 1) (max. 24 char.)

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

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

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

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

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

E-mail Address _____
(max. 60 char.)

Managing Account Limit \$ _ , _ _ _ , _ _ _
(Cycle Purchase Limit)

Will any cardholders under this Managing Account use
Convenience Checks? Yes No

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 612-973-3791 or 1-800-974-0777

OR
MAIL REQUEST TO:
U.S. BANK GOVERNMENT SERVICES
200 SOUTH SIXTH STREET – EP-MN-L28C, MINNEAPOLIS, MN 55402



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Default / Master Accounting Code *(Optional - max. 150 characters)*

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 -----

Authorization Controls (optional)

Daily Transaction Limit ----- Daily Purchase Limit \$ __, ____, ____

Cycle Transaction Limit ----- Cycle Purchase Limit \$ __, ____, ____

Monthly Transaction Limit ----- Monthly Purchase Limit \$ __, ____, ____

Quarterly Transaction Limit ----- Quarterly Purchase Limit \$ __, ____, ____

Annual Transaction Limit ----- Annual Purchase Limit \$ __, ____, ____

Form Submitted by:

Signature _____ Print Name _____

Phone _____ Fax _____ Date Submitted _____

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