

CARDHOLDER MAINTENANCE FORM

Travel -Individually Billed Account

Select One: 8201 (Visa) 8202 (MasterCard)

Change Move to New Managing Account Company Number _____ Reissue Card
 Closure Please Select Type of Closure, if applicable: T9 – Permanent V9 - Temporary

Agent Number _____

Cardholder Name *(as it appears on the account)* _____

Account Number _____ - _____ - _____ - _____

Information to be Changed

Cardholder Name _____
(Name 1-max 21 characters) First Middle Last Name

Agency/Organization Name _____
(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 _____ - _____ <i>(max. 9 char.)</i>	Country _____ <i>(max. 9 char.)</i>
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Business Phone Number _____ <i>(max. 10 char.)</i>	Overseas Phone Number _____ <i>(max. 18 char.)</i>
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Fax Number _____ <i>(max. 18 char.)</i>	E-mail Address _____ <i>(max. 60 char.)</i>
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Cycle Limit \$ _____	Single Purchase Limit \$ _____
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Card Suppression <input type="checkbox"/> Yes <input type="checkbox"/> No	Convenience Checks <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Only check "Yes" if requesting no plastic</i>	Convenience Check Single Purchase Limit \$ _____ <i>(Default \$2,500)</i>
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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 _____

Tax Exempt Number _____
(max. 15 char.)

<p>Form Submitted by</p> <p>Signature _____</p> <p>Print Name _____</p> <p>Phone _____</p> <p>Fax _____</p> <p>Date Submitted _____</p>	<p>For U. S. Bank Government Services use only</p> <p>Rec'd Date _____ Input Date _____</p> <p>Completed by _____</p> <p>Review Date _____ Reviewed By _____</p> <p>Reject Date _____</p> <p>Reject Reason: <input type="checkbox"/> Incomplete (missing information circled or highlighted) <input type="checkbox"/> Other _____</p>
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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 _____	

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 _____

Form Submitted by	For U. S. Bank Government Services use only
Signature _____	Rec'd Date _____ Input Date _____
Print Name _____	Completed by _____
Phone _____	Review Date _____ Reviewed By _____
Fax _____	Reject Date _____
Date Submitted _____	Reject Reason: <input type="radio"/> Incomplete (missing information circled or highlighted)
	<input type="radio"/> Other _____

FAX REQUEST TO 701-461-3466 or 1-866-457-7506

MAIL REQUEST TO: U.S. BANK GOVERNMENT SERVICES - PO BOX 6347 – FARGO, ND 58125-6347
CUSTOMER SERVICE PHONE NUMBER 888-994-6722