



Government Services

CARDHOLDER SETUP

DoD - 3058

PLEASE DO NOT USE THIS FORM IF YOU ARE EDI-ENABLED

Cardholder Information (Complete all information)

Agent _____ (Leave blank if new Agent Setup)

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

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

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. 23 char.) (max. 9 char.)

Business Phone Number _____ - _____ - _____ Overseas Phone Number _____
(max.10 char.) (max.18 char.)

Fax Number _____ Email Address _____
(max. 18char.) (max. 60 char.)

Cycle Limit \$ _____ Single Purchase Limit \$ _____

Card Suppression [] Yes [] No Convenience Checks [] Yes [] No Convenience Check
Single Purchase Limit \$ _____
Only check "Yes" if requesting no plastic (Default \$3000)

MAT/MCCG MAT/MCCG MAT/MCCG MAT/MCCG
Template 1 _____ Template 2 _____ Template 3 _____ 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 A/OPC:

Signature _____ Print Name _____

Phone _____ Fax _____ Date Submitted _____

(Continue to Page 2 – Optional)

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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Authorization Controls (optional)

(Continued from Page 1)

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	_____		

Form Submitted by A/OPC:

Signature _____ Print Name _____
 Phone _____ Fax _____ Date Submitted _____

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