



<b>Select one:</b> 8201 (Visa) 8202 (Mastercard)	Agent Number: _____ Cycle Date: _____	<b>Email:</b> gov.service@usbank.com <b>Or mail request to:</b> U.S. Bank Government Services 200 South Sixth Street – EP-MN-L25C Minneapolis, MN 55402
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**Managing Account Contact Information (Complete all information)**

<b>Contact name:</b> _____ <small>(name 1) (maximum 24 characters)</small>	<b>Agency/Organization name:</b> _____ <small>(name 2) (maximum 21 characters)</small>
<b>Address 1:</b> _____ <small>(maximum 35 characters)</small>	<b>Address 2:</b> _____ <small>(optional) (maximum 35 characters)</small>
<b>City:</b> _____ <small>(maximum 25 characters)</small>	<b>State:</b> _____ <small>(maximum 2 char.)</small>
<b>Business phone number:</b> _____ <small>(maximum 10 characters)</small>	<b>Overseas phone number:</b> _____ <small>(maximum 18 characters)</small>
<b>Fax number:</b> _____ <small>(maximum 18 characters)</small>	<b>Email address:</b> _____ <small>(maximum 60 characters)</small>
<b>Credit limit:</b> \$ _____	<b>Will any cardholder under this Managing Account use cash?</b> Yes No  <i>If yes, please indicate the percentage of credit limit that should be available for cash:</i> _____

**Reporting levels**

Level 1: \_\_\_\_\_ Level 2: \_\_\_\_\_ Level 3: \_\_\_\_\_ Level 4: \_\_\_\_\_ Level 5: \_\_\_\_\_ Level 6: \_\_\_\_\_ Level 7: \_\_\_\_\_

**Form submitted by:**

<b>Name (print/type):</b> _____	<b>Phone:</b> _____	<b>Fax:</b> _____
<b>Signature:</b> _____	<b>Email:</b> _____	
<b>Date submitted:</b> _____		