



Government Services
Cardholder setup form
Travel

Select one: <input type="checkbox"/> 8201 (Visa) <input type="checkbox"/> 8202 (Mastercard)	Card setup: <input type="checkbox"/> Regular <input type="checkbox"/> Expedite	Card delivery: <input type="checkbox"/> Regular <input type="checkbox"/> Overnight	Please return completed form via: Email: cpsappsgsa@usbank.com Fax: 612-973-3791 or 800-974-0777 Mail: U.S. Bank Government Services 200 South Sixth Street EP-MN-L25C Minneapolis, MN 55402
Issue plastic: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ship to: <input type="checkbox"/> Mailing address <input type="checkbox"/> Alternate address	Date of travel	

Required cardholder information **Required cardholder legal information**

Applicant/Cardholder name: _____ <small>(maximum 21 characters)</small>	Full legal name: _____ <small>(maximum 78 characters)</small>	
Address 1: _____ <small>(maximum 35 characters)</small>	Residency address 1: _____ <small>(Cannot be PO Box) (maximum 35 characters)</small>	
Address 2: _____ <small>(optional) (maximum 35 characters)</small>	Residency address 2: _____ <small>(optional) (maximum 35 characters)</small>	
City: _____ State: _____ <small>(maximum 35 characters) (maximum 2 characters)</small>	City: _____ State: _____ <small>(maximum 35 characters) (maximum 2 characters)</small>	
ZIP code: _____ Country: _____ <small>(maximum 9 char.) (maximum 3 characters)</small>	ZIP code: _____ Country: _____ <small>(maximum 9 char.) (maximum 3 characters)</small>	
Social security number: _____	Date of birth: _____ <small>(optional)</small>	
Agency/Organization name: _____ <small>(name 2) (embossed on plastic – maximum 21 characters)</small>	Alternate delivery address	
Business phone number: _____ <small>(maximum 10 characters)</small>	Address 1: _____ <small>(maximum 35 characters)</small>	
Mobile phone number: _____ <small>(maximum 18 characters)</small>	Address 2: _____ <small>(maximum 35 characters)</small>	
Fax number: _____ <small>(maximum 18 characters)</small>	City: _____ State: _____ <small>(maximum 35 characters) (maximum 2 characters)</small>	
Email address: _____ <small>(maximum 60 characters)</small>	ZIP code: _____ Country: _____ <small>(max. 9 char.) (maximum 3 characters)</small>	

Processing levels
 Agentnumber: _____ Companynumber: _____ Divisionnumber: _____ Departmentnumber: _____

Reporting levels
 Level 1: _____ Level 2: _____ Level 3: _____ Level 4: _____ Level 5: _____ Level 6: _____ Level 7: _____

Credit limit	Cash limit	MCCG
Standard: _____	Standard: _____	Standard: _____
Restricted: _____	Restricted: _____	Other: _____

Cardholder/Applicant understanding/signature:

Creditor is U.S. Bank National Association. Applicant understands that this card is to be used for official travel related expenses. Applicant understands that the U.S. Bank billing statement is due and payable in full upon receipt. Applicant understands that he/she is liable to U.S. Bank for full payment of all purchases authorized by applicant, independent of any agreement or program for reimbursement that may exist between applicant and agency/organization. Information on delinquent accounts may be furnished to consumer reporting agencies or others who may properly receive that information and you consent to the foregoing. Applicant acknowledges that all information provided herein is true and correct.	<input type="checkbox"/> A. I authorize U.S. Bank to obtain credit information in connection with this application. <input type="checkbox"/> B. I do not authorize U.S. Bank to obtain credit information.
	Applicant signature _____ Date _____

Submitted by A/OPC:

Name (print/type): _____

Phone: _____ Fax: _____ Signature: _____

Email: _____ Date submitted: _____

Customer service
888-994-6722

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