



Email to: cpsappsgsa@usbank.com (preferred) Or mail request to: U.S. Bank Government Services 200 South Sixth Street – EP-MN-L25C, Minneapolis, MN 55402	Please fax all pages to: 612.973.3791 or 800.974.0777
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Required cardholder information	
Applicant/Cardholder name: _____ <small>(maximum 21 characters)</small>	Full legal name: _____ <small>(maximum 78 characters)</small>
Address 1: _____ <small>(maximum 35 characters)</small>	Address 2: _____ <small>(optional) (maximum 35 characters)</small>
City: _____ <small>(maximum 35 characters)</small>	State: _____ <small>(maximum 2 characters)</small>
Agency/Organization name: _____ <small>(name 2) (embossed on plastic – maximum 21 characters)</small>	ZIP code: _____ <small>(maximum 9 char.)</small>
Fax number: _____ <small>(maximum 18 characters)</small>	Country: _____ <small>(maximum 3 characters)</small>
	Business phone number: _____ <small>(maximum 10 characters)</small>
	Email address: _____ <small>(maximum 60 characters)</small>

Cycle limit: \$ _____	Single Purchase limit: \$ _____
Convenience checks Yes No <small>Only check "Yes" if requesting no plastic</small>	Card suppression Yes No
Convenience check single purchase limit: \$ _____	
MCCG Template 1: _____	MCCG Template 2: _____
MCCG Template 3: _____	MCCG Template 4: _____

Processing levels			
Agent Number: _____ <small>(Leave blank if Agency Setup)</small>	Company: _____	Division: _____	Department: _____

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

Reporting levels (optional)

Authorization Controls (optional)

Daily transaction limit: _____	Daily purchase limit: \$ _____
Cycle transaction limit: _____	Monthly purchase limit: \$ _____
Monthly transaction limit: _____	Quarterly purchase limit: \$ _____
Quarterly transaction limit: _____	Annual purchase limit: \$ _____
Annual transaction limit: _____	

Form submitted by

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