



Select one: 8201 (Visa) 8202 (Mastercard)	Card setup: Regular Expedite	Card delivery: Regular Overnight _____	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: Yes No	Ship to: Mailing address Alternate address	Date of travel _____	Please return completed form via:

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: _____ <small>(maximum 35 characters)</small>	City: _____ <small>(maximum 35 characters)</small>
State: _____ <small>(maximum 2 characters)</small>	State: _____ <small>(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
Agent number: _____ Company number: _____ Division number: _____ Department number: _____

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

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

A. I authorize U.S. Bank to obtain credit information in connection with this application.
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: _____