

Select one: □ 8201 (Visa) □ 8202 (Mastercard)	☐ Change ☐ Closure: Please select type of ☐ T9 Permaner ☐ V9 Temporar		Please fax all pages to: 701-461-3466 or 866-457-7506	Or mail request to: U.S. Bank Government Services PO BOX 6347 Fargo, ND 58125-6347 Email: gov.service@usbank.com
Company number: Managing account number: Managing account name:				
Information to be changed				
Contact name: (name 1)		(maximum 24 characters)	Agency/Organization na (name 2)	ame: (embossed on plastic – maximum 21 characters)
Address 1:		(maximum 35 characters)	Address 2: (optional)	(maximum 35 characters)
City: (maximum 25 characters)	State:	(maximum 2 characters)	ZIP code: (maximum 9 characters)	Country: (maximum 3 characters)
Phone number:			Email address:	
Credit limit: \$				
Form submitted by				
Name (print/type):			Phone:	Fax:
Signature: Date submitted:			Email:	
Date submitted:				



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