



# U.S. Department of the Interior Vehicle Card Account Application Form

Return Copy to: Bank of America Government Card Services

Account Type: **VEHICLE/FLEET CARD**  
**ACTIVATED UPON ISSUE**

P.O. Box 1637  
Norfolk, VA 23501-1637  
Facsimile: (757) 441-4993  
(888) 784-1039

CENTRAL ACCOUNT #      5 5 6 8 - 1 6 0 0 - 0 0 0 0 - [ ][ ][ ][ ]

Credit Limit \$ \_\_\_\_\_ Authorization Option# \_\_\_\_\_

**TO BE COMPLETED BY FIELD OFFICE** PLEASE TYPE OR PRINT ALL INFORMATION

<b>(1) VEHICLE LICENSE NUMBER</b>		<b>(2) VEHICLE TYPE/VIN/EQUIPMENT</b>	
<b>(3) FIELD OFFICE MAILING ADDRESS</b>			
Address Line 1: ATTN:			
Address Line 2:			
Address Line 3:			
City:	State:	Zip Code:	
BUSINESS PHONE:			
By signing below, I (a) request that a Government Vehicle Card be issued to me for the above vehicle, (b) agree that I will authorize use of the Card for official expenses only, in accordance with Agency/Organization policy, and be bound by the terms and conditions of the attached Agreement governing use of the Government Card, and (c) authorize Bank of America to verify information on this application. <b>PLEASE RETAIN A COPY FOR YOUR RECORDS.</b>			
<b>(4) LOCAL OPERATOR SIGNATURE</b> _____			<b>Date</b> _____

**TO BE COMPLETED BY AGENCY PROGRAM COORDINATOR** PLEASE TYPE OR PRINT ALL INFORMATION

<b>(5) ACCOUNTING CODE:</b>			
<b>(6) TAX EXEMPT NUMBER:</b>		CARD TYPE: STANDARD <input type="checkbox"/>	GENERIC <input type="checkbox"/>
<b>(7) Please Complete the Account Hierarchy Below:</b>			
HL1	HL2	HL3	HL4
0000003			
By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Government Vehicle Card be prepared and mailed to the local employee named above. <b>PLEASE RETAIN A COPY FOR YOUR RECORDS.</b>			
<b>(8) A/OPC Last Name</b>		<b>A/OPC First Name</b>	
<b>(9) A/OPC ADDRESS INFORMATION</b>			
Address Line 1: ATTN:			
Address Line 2:			
Address Line 3:			
City:	State:	Zip Code:	
<b>(10) BUSINESS PHONE:</b>		<b>(11) FAX #:</b>	
<b>(12) SIGNATURE:</b>		<b>(13) DATE:</b>	

**NOTE: See the Agreement between the Agency/Organization Employee and Bank of America for the terms and conditions of your Account.**

## Vehicle Card Account Application Form INSTRUCTIONS FOR COMPLETION OF FORM

1. VEHICLE LICENSE # - enter the I or M tag number. Example: I-123456 or M-654785
2. VEHICLE TYPE/VIN/EQUIPMENT ID- enter the vehicle type, identification or equipment ID number.
3. FIELD OFFICE MAILING ADDRESS - enter the official field office address where the account statement should be mailed via the U.S. Postal Service. Delivery time from Bank of America receipt of the fax is about seven days. If you need the card sooner, write "Code Red" on the top of the form and use a delivery address for FEDEX delivery. If you want the monthly account statement mailed to a different address than the FEDEX address, the address will have to be changed in EAGLS after the account is initiated.
4. LOCAL OPERATOR SIGNATURE & DATE - signature of the employee requesting the new fleet card, and the date of signature. This is for local information only and is not required.
5. ACCOUNTING CODE - Enter the default accounting code for the vehicle. Please ensure that you use the appropriate bureau format, including the BOC. Do not include any spaces in this accounting code.
6. TAX EXEMPT NUMBER – Enter Agency/Organization’s tax-exempt number and card type.
7. FLEET HIERARCHY CODE - enter the remainder of the FLEET HIERARCHY CODE, which is appropriate for that field office.
8. A/OPC LAST AND FIRST NAMES - enter the last name and first name of the A/OPC approving the application.
9. A/OPC ADDRESS INFORMATION –
  - Line 1- the first line of the agency address should start with the bureau or office Attn: to the individual receiving to card. Field length available 40 positions. Data Type: Alphanumeric
  - Line 2- if needed; continue with the street, P.O. Box or other address information. Field length available 40 positions. Data Type: Alphanumeric
  - Line 3- if needed; continue with the street, P.O. Box or other address information. Field length available 40 positions. Data Type: Alphanumeric
10. A/OPC PHONE # - enter the A/OPC’s office phone number.
11. A/OPC FAX # - enter the FAX # used by the APC.
12. A/OPC Signature - signature of the A/OPC approving the application.
13. DATE - enter the date A/OPC approved the application

After the form is completed, it should be faxed to Bank of America at the fax number shown at the top of this form.