

## Travel - Individually Billed Account

### **Applicant Information:**

*This section to be completed by applicant*

### **Cardholder Information and Billing Address:** *(Complete all information, unless indicated as optional)*

Cardholder Name: \_\_\_\_\_  
*(Name 1) (Max. 24 char.)*

Social Security: \_\_\_\_\_ Date: \_\_\_\_\_

Dept./Office/Agency NIH / OD / OHRM / \_\_\_\_\_  
*(Name 2) (Max. 20 char.)*

### **Home Address:**

Address 1: \_\_\_\_\_  
*(Max. 30 char.)*

Address 2: \_\_\_\_\_  
*(Optional) (Max. 35 char.)*

City: \_\_\_\_\_  
*(Max. 25 char)*

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
*(Max. 10 char.)*

Home Phone Number: \_\_\_\_\_  
*(Max. 10 char.)*

Business Phone Number: \_\_\_\_\_  
*(Max. 10 char.)*

Alternate Business Phone Number: \_\_\_\_\_  
*(Max. 18 char.)*

Business Fax Number: \_\_\_\_\_  
*(Max. 18 char.)*

Business E-mail Address: \_\_\_\_\_  
*(Optional) (Max. 60 char.)*

Employee ID: \_\_\_\_\_  
*(Max. 20 char.)*

### **Employee Understanding/Signature:**

Applicant requests that he/she be issued a U.S. Bank Travel Card. The Applicant agrees to be bound by *the Agreement Between Individually Billed Cardholder and U.S. Bank*. Creditor is U.S. Bank National Association ND. Applicant understands that this card is to be used for business charges only. 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 Charges authorized by applicant, independent of any agreement or program for reimbursement that may exist between applicant and the agency/organization.

\_\_\_\_\_/\_\_\_\_\_  
Applicant Signature/Date

Your U.S. Bank Travel Card will be issued within 3 days following the receipt of the completed application. Unless otherwise instructed, please return this application to the designated Agency/Organization Program Coordinator. Thank you.

*Agency/Organization Program Coordinator to complete page 2 of the Cardholder Setup form*