

**CARDHOLDER SETUP – USDA**

**Travel - Individually Billed Account – 448622**

**To ensure timely processing of your application, please make sure to do the following:**

1. Complete all fields as they are **REQUIRED** unless noted as (optional).
2. Choose the address to which you would like your card shipped.
3. Authorize U.S. Bank to obtain your credit information, sign under the Employee Understanding, and send to your Program Coordinator.

**Step 1: APPLICANT INFORMATION** *(To be completed by applicant)*

Applicant Name: \_\_\_\_\_ (max. 21 char.)

Social Security Number: \_\_\_\_\_ (9-digits – no spaces or dashes)      Date of Birth: \_\_\_\_\_ (mm / dd / yyyy)

Dept./Office/Agency Name: \_\_\_\_\_ (max. 21 char.)

**Step 2: CHOOSE CARD DELIVERY ADDRESS** *(To be completed by applicant)*      Home  -OR- Alternate Address

Home Address1: _____ <i>(max. 35 char.)</i>	<b>Complete ONLY if Alternate Address was chosen</b>
Home Address2: _____ <i>(max. 35 char.)</i>	<b>Alternate Address1:</b> _____ <i>(max.35 char.)</i>
City: _____ <i>(max. 25 char.)</i>	<b>Alternate Address2:</b> _____ <i>(max.35 char.)</i>
State: _____ Zip: _____ Country: _____ <i>(two char. only) (5-digits) (max. 10 char.)</i>	City: _____ <i>(max. 25 char.)</i>
	State: _____ Zip: _____ Country: _____ <i>(two char. only) (5-digits) (max. 10 char.)</i>

Home Phone Number \_\_\_\_\_  
*(10-digits – no spaces or dashes)*

Business Phone Number \_\_\_\_\_  
*(10-digits – no spaces or dashes)*

Business Fax Number \_\_\_\_\_  
*(optional) (10-digits – no spaces or dashes)*

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

**Employee Understanding/Signature:**

Creditor is U.S. Bank National Association ND. 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 Charges 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. Additionally, (Please CHECK either A. or B. below):*

- 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**

**Step3: SEND FORM TO YOUR AGENCY/ORGANIZATION PROGRAM COORDINATOR (A/OPC) FOR COMPLETION**

**AGENCY/ORGANIZATION INFORMATION** *(To be completed by A/OPC)*

Bank \_\_\_\_\_ Agent Number \_\_\_\_\_ Company Number \_\_\_\_\_ Division \_\_\_\_\_

**Reporting Levels (TBR)**      Level 1 \_\_\_\_\_      Level 2 \_\_\_\_\_      Level 3 \_\_\_\_\_

Level 4 \_\_\_\_\_      Level 5 \_\_\_\_\_      Level 6 \_\_\_\_\_      Level 7 \_\_\_\_\_

**Credit Limit**

- Default (\$5,000)
- Restricted (\$3,000)
- Other \_\_\_\_\_ (Unusual \$7,500)

**Cash Limit**

- Default (20.0%)
- Restricted (0.0%)
- Other \_\_\_\_\_ (Unusual 50.0%)

**MCCG**

- Default
- Other \_\_\_\_\_

**Step 4: AUTHORIZED A/OPC SIGNATURE**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Date Submitted \_\_\_\_\_

**Step 5: SUBMIT COMPLETED FORM**

A U.S. Bank Travel Card will be issued within 3 days following the receipt of the completed application

Fax form to: **612-973-3791** or **800-974-0777**  
Or mail form to: **U.S. Bank Government Services**  
200 South Sixth St. EP-MN-L28C  
Minneapolis, MN 55402

**Questions?**

Call Customer Service at 888-994-6722