

US BANK INDIVIDUALLY BILLED COMMERCIAL TRAVEL CARD LIABILITY SETUP FORM

SECTION I

INSTRUCTIONS

1. To add a new account, Cardholder completes Section II and signs in Section III.
2. Supervisor completes Section IV and returns to the Purchasing Office for processing
3. Program Administrator completes section V, and maintains a copy in the Cardholder and Program Administrator's files.

SECTION II

CARDHOLDER INFORMATION (Please Print)

First Name of Cardholder	Middle Initial (optional)	Last Name
Company Name (maximum 24 characters)		() - _____ Business Phone
Statement Billing Mailing Address Line 1 (maximum 36 characters)		() - _____ Cell Number
City	State	Zip Code
Last 4 digits of Employee ID		
E-mail Address	/ / _____ Date of Birth (mm/dd/yy) – OPTIONAL	

SECTION III

CARDHOLDER SIGNATURE

I, the cardholder, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the Commercial Card Cardholder Agreement. I understand that it is my responsibility to notify US Bank at 1-800-344-5696 immediately if my card is lost or stolen.

Cardholder Signature _____ Date _____

SECTION IV

SUPERVISOR APPROVAL

Supervisor Name (print) _____

Supervisor Signature _____ Date _____

SECTION V

PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER

Program Administrator's Signature _____ Date _____

Program Administrator's Name (printed) _____

Program Administrator's Business Phone Number () - _____