clear form

CALIFORNIA PRIMARY CONTACT SET-UP FORM

Check level that applies

LEVEL 3 ❑ **LEVEL 4** ❑

Card Emboss Information _____

(Max 20 Characters) Appears on Card Plastic

Choose New or Change

NEW LEVEL & PC SETUP ❑ **CHANGE PC ONLY** ❑

(Fill in only fields to be changed)

LEVEL 1
4055 **I.M.P.A.C. Program Level**
LEVEL 2
01 **State of California -**
LEVEL 3 **Office Name:**
____ _____
LEVEL 4 **Office Name:**
_____ _____

AGENCY PROGRAM COORDINATOR (APC) CONTACT (Address used for sending selected reports)

OFFICE NAME: _____
CONTACT NAME: _____
ADDRESS: _____
CITY: _____
STATE: CALIFORNIA ZIP+4: _____ FAX: ( ) _____
PHONE: (____) _____ EMAIL: _____

BILLING OFFICE (BO) CONTACT (Address used for sending invoices, selected reports, and late payment notices)

OFFICE NAME: _____
CONTACT NAME: _____
ADDRESS: _____
CITY: _____
STATE: CALIFORNIA ZIP+4: _____
PHONE: (____) _____ FAX: (____) _____

DISPUTE OFFICE (DO) CONTACT (Address used for sending selected reports, if applicable)

OFFICE NAME: _____
CONTACT NAME: _____
ADDRESS: _____
CITY: _____
STATE: CALIFORNIA ZIP+4: _____
PHONE: (____) _____ FAX: (____) _____

ALTERNATE CONTACT INFORMATION - CHOOSE ALT APC ○ **ALT B.O.** ○

OFFICE NAME: _____
CONTACT NAME: _____
ADDRESS: _____
CITY: _____
STATE: CALIFORNIA ZIP+4: _____
PHONE: (____) _____ FAX: (____) _____

Submitted by: _____ Phone: _____ Date: _____

SEND TO: U.S. Bank Government Services, P.O. Box 6346, Fargo, ND 58125-6346
PHONE: (800) 227-6736 FAX REQUESTS TO: (701) 461-3910 FILE CODE 001