

CALIFORNIA APPROVING OFFICIAL ACCOUNT SET-UP

NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS

LEVEL 3	L3 Name	LEVEL 4	L4 Name
DEPT/OFFICE/AGENCY NAME		(Max 30)	
A/O NAME		(Max 12/1/17)	
(First name, middle initial, last)			
ADDRESS ONE		(Max 30)	
ADDRESS TWO		(Max 30)	
CITY	STATE CA		
ZIP +4	PHONE ()		
FAX ()	COUNTRY USA		
OFFICE LIMIT \$		(Up to \$999,900 is \$100 increments)	
Should be at minimum, the total of the 30 day limits for all cardholders reporting to the AO.			

Input Submitted by: APC

Authorized Sig _____	Name
Address	Phone
	Date

Government Services Use Only

Assigned Account Number

4055 - 01 _____ - _____ - _____ Batch _____ Date _____ Input By _____

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