

CALIFORNIA CARDHOLDER ACCOUNT SET-UP

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

REQUIRED			
	LEVEL 1 4055		LEVEL 2 01
LEVEL 3	L3 NAME	LEVEL 4	L4 Name
A/O ACCOUNT # 4055 - 01 - -		A/O NAME	
Leave blank if AO set-up sent with this CH setup			

REQUIRED			
DEPT/OFFICE/AGENCY NAME			(Max 30)
CARDHOLDER NAME			(Max 20)
<small>(First name, middle initial, last - will be embossed, no titles)</small>			
ADDRESS ONE			(Max 30)
ADDRESS TWO			(Max 30)
CITY	STATE CA	ZIP +4	COUNTRY USA
PHONE ()	EMAIL _____		

REQUIRED	
SINGLE PURCHASE LIMIT	MERCHANT ACTIVITY TYPE
<small>(Up to \$100,000 in \$50 increments)</small>	<small>(4 Digit Code - may begin with 0)</small>
30 DAY LIMIT	<small>(Up to \$999,900 in \$100 increments)</small>

Other Account Information -

USER FIELD 1	(Max 12)	EMBOSSSED DESTINATION	(Max 2)
<small>(Shown on G077 - Acct Info report ONLY)</small>		<small>(Select Destination: P = Program Coordinator, B = Billing Office, D = Dispute Office AND Level: /3/4 Example: P 4)</small>	
SUPPRESS CARD YES		USER FIELD 2	(Max 15)
<small>Circle if you DO NOT want a card issued</small>		<small>(First 8 digits will show on card)</small>	
MASTER ACCOUNTING CODE			(Max 50)

Input Submitted by: APC

REQUIRED		
Authorized Sig _____	Name	
Address	Phone	
	Date	

I.M.P.A.C. Card Services Use Only **Emboss Code** ____ **Price Code** ____
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