

## CORPORATE CARD

Please print or type:		
First Name	Middle Initial	Last name
	/ /	
Social Security Number	Date of Birth	
Preferred Billing Address: Hom	ie _X	
Home Address - street		
G:	G	Tr.
City	State	Zip
<u>( )</u>	( )	E. I. W. I. (GA. F. II.)
Home Phone	Business Phone	Employee Number (If Applicable)
Place of Employment (Departme	ont)	
Frace of Employment (Departing	;iit)	
This section to be completed by	authorized Company Program	n Administrator
This section to be completed by	хитопцеа Сотрану 1 годнап	t Auninistrator.
Name of Company Requesting I	ssuance of Card	
Address of Company – Street	City	State Zip
Processing:		
Company	Division	Department
Reporting/FirstTrac <sup>SM</sup> :		
Company Program Administrato	or Signature	
		nk Visa® Corporate Card. U.S. Bank may obtain credit information nce, renewal and/or replacement of the U.S. Bank Corporate Card.
In consideration of this issuance	and the use of the U.S. Bank	Corporate Card, the Employee Applicant agrees to be bound by the
		ne card, as amended by U.S. Bank from time to time, for all charges or is U.S. Bank National Association ND.
Employee Applicant understand	s that this card is to be used for	or business charges only and that Employee Applicant is totally
responsible and liable for all exp	benses charged to the card. Er	mployee Applicant understands and acknowledges that payment is
due to U.S. Bank upon receipt of all undisputed charges his/her ca		pplicant further understands that if he/she fails to pay U.S. Bank for led.
and and a straige of the straight of	so permanently curee.	<del></del>
Employee Applicant S	Signature/Date	Approving Manager Signature/Date

Your U.S. Bank Visa Corporate Card will be mailed to you within 7-10 days following the receipt of you application. Unless otherwise instructed, please return this application to your designated Company Program Administrator. Thank you.