

Instructions

1. Complete all fields as they are **REQUIRED** unless noted as (optional)
2. Please fax all the pages to 612-973-3791 or 800-974-0777

Agent

PART I. CARD ACCOUNT INFORMATION *(To be completed by LFPC/FM)* *(Leave blank if new Agent Setup)*

Equipment Identification (Embossing Line 1) *(max 21 char.)*

Agency/Organization Name: (Embossing Line 2) *(max. 21 char.)*

Garage Address 1 *(max. 35 char.)*

Garage Address 2 *(Optional, max. 35 char.)*

City *(max. 24 char.)*

State

Zip - *(max. 9 char.)*

Country *(max. 9 char.)*

LFPC/FM Phone Number *(max. 10 char.)*

LFPC/FM Fax Number *(max. 10 char.)*

E-mail Address *(max. 60 char.)*

Optional Field 1 *(max. 15 char.)*

Optional Field 2 *(max. 15 char.)*

Processing Levels

Company

Division

Department

Monthly Credit Limit \$

Single Purchase Limit \$

Reporting Levels *(Optional)*

Level 1

Level 2

Level 3

Level 4

Level 5

Level 6

Level 7

Accounting Information

Default Accounting Code
(Optional, max. 150 char. including spaces)

FAX REQUEST TO 612-973-3791 or 800-974-0777

OR MAIL REQUEST TO:
U.S. BANK GOVERNMENT SERVICES
200 SOUTH SIXTH STREET – EP-MN-L28C, MINNEAPOLIS, MN 55402

Product Type Code

Prompt for vehicle number and odometer reading <input type="checkbox"/>	Prompt for odometer reading <input type="checkbox"/>	No prompt <input type="checkbox"/>
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Vehicle Information

Vehicle Number <input style="width:100%;" type="text"/> (max. 6 numeric char.)		
Special Item/Pool Card Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, only Description needs to be filled out below, if no complete all fields)		
Description <input style="width:100%;" type="text"/> (Optional, max. 25 char.)		
Year of Vehicle <input style="width:100%;" type="text"/>	Make of Vehicle (max. 12 char.) <input style="width:100%;" type="text"/>	Model of Vehicle (max 12 char.) <input style="width:100%;" type="text"/>
VIN Number <input style="width:100%;" type="text"/> (max 17 char.)	Licence Tag # <input style="width:100%;" type="text"/> (max 10 char.)	
License Exp. Date <input style="width:100%;" type="text"/> (MM/DD/YYYY Optional, max 10 char.)		
Assigned Driver Number <input style="width:100%;" type="text"/> (max. 6 numeric char.)	Assigned Driver Table <input style="width:100%;" type="text"/> (Optional, max 10 char.)	
Fuel Unit Type: (Optional) Gallons <input type="checkbox"/> Liters <input type="checkbox"/>		

Exception Reporting

Are exceptions reported for this account? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, complete fields below)			
Fuel Type: (Optional) Low <input style="width:100%;" type="text"/> High <input style="width:100%;" type="text"/>	Max. Tank Capacity <input style="width:100%;" type="text"/> (max 3 char.)		
MPG Low <input style="width:100%;" type="text"/> (max 3 char.)	MPG High <input style="width:100%;" type="text"/> (max 3 char.)	Max. Fill up/Day <input style="width:100%;" type="text"/> (Optional, max 2 char.)	Service Type <input style="width:100%;" type="text"/> 0 – No Restriction, 1 – Self Service Only, 2 – Full Service Only (max 1 char.)
Beginning Time <input style="width:100%;" type="text"/> (max 4 char. Military Time)		Ending Time <input style="width:100%;" type="text"/> (max 4 char. Military Time)	
Max. Unit Price \$ <input style="width:100%;" type="text"/> (Optional, max 5 char.)		Max. Transaction Amount \$ <input style="width:100%;" type="text"/> (Optional, max 7 char.)	
Weekend Exception (optional)	<input type="checkbox"/> Monday – Friday (1) <input type="checkbox"/> Monday – Saturday (2) <input type="checkbox"/> All Days Except Holidays (3)	<input type="checkbox"/> All Days Except Sundays and Holidays (4) <input type="checkbox"/> No Restrictions (N)	

AUTHORIZED LFPC/FM SIGNATURE:

Signature <input style="width:100%;" type="text"/>	Print Name <input style="width:100%;" type="text"/>
Phone <input style="width:100%;" type="text"/>	Fax <input style="width:100%;" type="text"/>
Date Submitted <input style="width:100%;" type="text"/>	

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