

Instructions

Please complete Part 1. Card Account Information

Please fax all the pages to 800-974-0777

- Reissue Card
- Closure Please select type of closure T9 - Permanent V9 - Temporary
- Maintenance

PART I. CARD ACCOUNT INFORMATION (To be completed by LFPC/FM) REQUIRED

Agent Account Number - - -

Account Name (as it appears on the account)

INFORMATION TO BE CHANGED (only fill in items to be changed)

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 <input type="text"/> <i>(max. 24 char.)</i>	State <input type="text"/>	Zip <input type="text"/> - <input type="text"/> <i>(max. 9 char.)</i>	Country <input type="text"/> <i>(max. 9 char.)</i>
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LFPC/FM Phone Number <input type="text"/> <i>(max. 10 char.)</i>	LFPC/FM Fax Number <input type="text"/> <i>(max. 10 char.)</i>
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E-mail Address
(max. 60 char.)

Optional Field 1 <input type="text"/> <i>(max. 15 char.)</i>	Optional Field 2 <input type="text"/> <i>(max. 15 char.)</i>
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Accounting Information

Default Accounting Code
(Max 150 char. including spaces, 75 characters per line)

Fax request to 800-974-0777

OR MAIL REQUEST TO:

U.S. BANK GOVERNMENT SERVICES

200 SOUTH SIXTH STREET – EP-MN-L25C, MINNEAPOLIS, MN 55402

FLEET VEHICLE CARD MAINTENANCE FORM

Product Type Code

Please Note: Changing Product Type Code will result in a new plastic being ordered. Changes will not take affect until new plastic is used.

(Continued from Page 1)

Prompt for driver number and odometer reading (3) <input type="checkbox"/>	Prompt for odometer reading (4) <input type="checkbox"/>	No prompt (5) <input type="checkbox"/>
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Vehicle Information

Vehicle Number <input style="width:100px;" type="text"/> <i>(Required - cannot be changed. max. 6 numeric char.)</i>		
Special Item/Pool Card Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes, only Description needs to be filled out below, if no complete all fields)</i>		
Description <i>(Required)</i> <input style="width:400px;" type="text"/> <i>(max 25 char.)</i>		
Year of Vehicle <input style="width:100px;" type="text"/>	Make of Vehicle <i>(Required max. 12 char.)</i> <input style="width:100px;" type="text"/>	Model of Vehicle <i>(Required max.12 char.)</i> <input style="width:100px;" type="text"/>
VIN Number <input style="width:200px;" type="text"/> <i>(Required max. 17 char.)</i>		Licence Tag # <input style="width:150px;" type="text"/> <i>(Required max. 17 char.)</i>
License Exp. Date <input style="width:100px;" type="text"/> <i>(MM/DD/YYYY max 10 char.)</i>		
Assigned Driver Number <input style="width:150px;" type="text"/> <i>(max. 6 numeric char.)</i>		Assigned Driver Table <input style="width:100px;" type="text"/> <i>(max 10 char.)</i>
Fuel Unit Type: <i>(Optional)</i> Gallons <input type="checkbox"/> Liters <input type="checkbox"/>		

Exception Reporting

Are exceptions reported for this account? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(If Yes, complete fields below)</i>			
Fuel Type: <i>(Optional)</i> Low <input style="width:50px;" type="text"/> High <input style="width:50px;" type="text"/>	Max. Tank Capacity <input style="width:50px;" type="text"/> <i>(max 3 numeric char.)</i>		
MPG Low <input style="width:50px;" type="text"/> <i>(max 3 numeric char.)</i>	MPG High <input style="width:50px;" type="text"/> <i>(max 3 numeric char.)</i>	Max. Fill up/Day <input style="width:50px;" type="text"/> <i>(max 2 numeric char.)</i>	Service Type <input style="width:50px;" type="text"/> 0 – No Restriction, 1 – Self Service Only, 2 – Full Service Only <i>(max 1 char.)</i>
Beginning Time <input style="width:50px;" type="text"/> <i>(max 4 char. Military Time)</i>		Ending Time <input style="width:50px;" type="text"/> <i>(max 4 char. Military Time)</i>	
Max. Unit Price \$ <input style="width:50px;" type="text"/> <i>(max 5 numeric char.)</i>		Max. Transaction Amount \$ <input style="width:50px;" type="text"/> <i>(max 7 numeric char.)</i>	
Weekend Exception <i>(optional)</i> <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:200px;" type="text"/>	Print Name <input style="width:200px;" type="text"/>
Phone <input style="width:100px;" type="text"/>	Fax <input style="width:100px;" type="text"/>
Date Submitted <input style="width:100px;" type="text"/>	

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