

Business Charge Card Employee Change Form

This form is used to open new **Employee Accounts**, change existing Employee spending limits or close Employee Accounts for a Business Card account issued through U.S. Bank. Please complete all necessary sections in full.

Company Information (Required)

Existing Company Profile Number (CPN) OR Credit Card Account Number () Tax Identification Number ()

Name of Company Company Phone Number Company Fax Number

Adding Employees: Please establish Business Card accounts for the following employees. All information is required.

Name of Employee (First, Middle, Last) / / Date of Birth (MM/DD/YYYY) Social Security Number (Required) () Home Phone Number \$ Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Monthly Spend I have read this application and agree to its terms. Signature of Individual Employee Applicant / / Date	Name of Employee (First, Middle, Last) / / Date of Birth (MM/DD/YYYY) Social Security Number (Required) () Home Phone Number \$ Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Monthly Spend I have read this application and agree to its terms. Signature of Individual Employee Applicant / / Date
Name of Employee (First, Middle, Last) / / Date of Birth (MM/DD/YYYY) Social Security Number (Required) () Home Phone Number \$ Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Monthly Spend I have read this application and agree to its terms. Signature of Individual Employee Applicant / / Date	Name of Employee (First, Middle, Last) / / Date of Birth (MM/DD/YYYY) Social Security Number (Required) () Home Phone Number \$ Cash Access? <input type="checkbox"/> Yes <input type="checkbox"/> No Average Monthly Spend I have read this application and agree to its terms. Signature of Individual Employee Applicant / / Date

Changing Spending Limits: Please adjust the spending limits of the following employee(s). For faster service, call Cardmember Service.

Name of Employee (First, Middle, Last)	\$ Old Limit	16 Digit Account Number	\$ New Limit
Name of Employee (First, Middle, Last)	\$ Old Limit	16 Digit Account Number	\$ New Limit
Name of Employee (First, Middle, Last)	\$ Old Limit	16 Digit Account Number	\$ New Limit

Closing Accounts: Please close the following accounts. For faster service, call Cardmember Service.

Name of Employee (First, Middle, Last)	16 Digit Account Number
Name of Employee (First, Middle, Last)	16 Digit Account Number

Applicant Agreement

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

Important Terms and Application Agreement

The creditor and issuer of the Account is U.S. Bank National Association. Employees will be liable for charges to the Account as follows: 1) the Business is jointly and severally liable with each individual Employee as to that individual Employee's charges; 2) the Business Owner and each individual Employee are individually liable as to their respective individual charges; and 3) the Business Owner is individually liable and jointly liable with the Business for all charges made to the Account. Each applicant understands and agrees that we may increase or decrease the spending limit assigned to the Account or to the cards within the Account or close the Account at any time based on our credit guidelines, credit report information, Account history, or the financial circumstances of the Cardmember. At the time the Account is opened you will be issued a Card and you will receive a Business Card Cardmember Agreement governing your individual use of the Account and your individual liability for all charges to the Account. Your use of the Card or the Account will signify your acceptance of the terms of the Cardmember Agreement, which may be amended from time to time. You must be at least 18 years old to be issued a Card. Information from this Application may be shared with Issuer's affiliates.

Authorized Officer Name (Please Print)

Signature of Authorized Officer / /
Date

Please forward this form to: Cardmember Service PO Box 6369 Fargo ND 58125-6369 Fax: 866-509-6772 Phone: 800-775-4074