

Employee Applicant Information Please Print or Type		
First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	Anticipated Monthly Travel Expenses
Preferred Billing Address: Business <input type="checkbox"/> Home <input checked="" type="checkbox"/> <i>Home Address Must Be Used</i>		
Business Address – Street		
City	State	Zip
Home Address – Street		
City	State	Zip
Home Phone	Business Phone	Employee Number (If Applicable)
Company Information This Section to be Completed by Authorized Company Program Administrator		
Name of company Requesting Issuance of Card		
Address of Company – Street		
City	State	Zip
Processing	Company	Division
Reporting/FirstTrac		Department
Company Program Administrator Signature:		
Employee Understanding/Signature		
<p>Employee Applicant requests that he/she be issued a U.S. Bank Visa Corporate Card. U.S. Bank may obtain credit information concerning Employee Applicant for the sole purpose of issuance, renewal and/or replacement of the U.S. Bank corporate Card. In consideration of this issuance of the U.S. Bank Corporate Card, the Employee Applicant agrees to be bound by the U.S. Bank Corporate Cardholder Agreement accompanying the card, as amended by the U.S. Bank from time to time, for all charges incurred by the use of the card or the related account. Creditor is U.S. Bank National Association ND.</p> <p>Employee Applicant understands that this card is to be used for business charges only and that Employee applicant is totally responsible and liable for all expenses charged to the card. Employee Applicant understands and acknowledges that payment is due to U.S. Bank upon receipt of the statement. Employee Applicant further understands that if he/she fails to pay U.S. Bank for all undisputed charges his/her card will be permanently canceled.</p>		
Employee Applicant Signature Date	Approving Manager Signature Date	
<i>Please Return this Application to your Designated Company Program Administrator</i>		