Clear

Print

usbank.

Corporate Card

Employee Applicant Information

Please print or type:

First Name	Middle Initial	Last Name
Social Security Number	Date of Birth	Anticipated monthly travel and entertainment expenses

Preferred Billing Address: Business ☐ Home ☐

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 Department

Reporting/FirstTrac SM _____

Company Program Administrator Signature: _____

Employee Understanding/Signature

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 and the use 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 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.

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.

Employee Applicant Signature/Date	Approving Manager Signature/Date
	Approving Manager Print Name

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