

Business Card Additional Authorized Representative(s) Form

This form is used to establish a new **Authorized Representatives** (AR) for a Business Card account issued through U.S. Bank National Association ND. Authorized Representatives are authorized to make modifications to existing cardholder account(s), change credit limits, and add new cardholders for the Company named below.

1. Company Information

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

Tax Identification Number

Name of Company

()
Company Phone Number

()
Company Fax Number

2. Authorized Representative Information

Authorized Representative #1

Authorized Representative Name

Social Security Number (Required)

Signature

Date

Authorized Representative #2

Authorized Representative Name

Social Security Number (Required)

Signature

Date

Authorized Representative #3

Authorized Representative Name

Social Security Number (Required)

Signature

Date

3. Authorized Officer Agreement

Important Terms and Application Agreement

I hereby authorize the above Authorized Person(s), acting alone, for, on behalf of and in the name of the company, to perform the following functions: (1) designate new Cardholder(s) (including themselves); (2) cancel any Card and/or Account; (3) set or adjust the amount of credit available to any Cardholder; (4) establish, to the extent allowed by U.S. Bank, limits on any Cardholder, Card, or Account; and (5) take any other action affecting Cards, Accounts, or Cardholders. The above Authorized Person(s) may execute the above-described acts by oral, electronic, or written instructions. Permitted delivery of written instructions include delivery to U.S. Bank via U.S. Mail, courier, fax, telegram, and email, and includes written instructions that are signed by a mechanically produced or stamped facsimile signature which reasonably matches the signature of the Authorized Person(s) is U.S. Bank's files, and unsigned writings; permitted oral instructions include use of U.S. Bank's automated telephone response system. U.S. Bank and the Authorized Person(s) may also agree in writing to other means of communicating the above-authorized transactions, as long as U.S. Bank may reasonably verify the identity of such purported Authorized Person(s).

Authorized Officer Name (Please Print)

X
Signature of Authorized Officer

/ /
Date

Please forward this form to:

Cardmember Service
P.O. Box 6353
Fargo, ND 58125-6353

Fax: 866-807-9053
Phone: 866-485-4545