

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. Authorized Representatives are authorized to make modifications to existing cardholder account(s), change credit limits, and add new cardholders for the Company named below.

**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

**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

**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) in 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)	
Signature of Authorized Officer	Date
	/ /

Please forward this form to:	Cardmember Service PO Box 6353 Fargo ND 58125-6353	Fax: 866-807-9053 Phone: 866-249-3790
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