

Commercial Account Setup Information

Name of Department: _____

1. **Department Name (21 characters):** _____
 (This will be embossed underneath the cardholder's name on the card)

2. **Individual at Department to Contact:**

Primary Name: _____
 Phone: (____) _____
 Fax: (____) _____
 E-mail: _____

SecondaryName: _____
 Phone: (____) _____
 Fax: (____) _____
 E-mail: _____

3. **Street Address:** _____
 (Required) Street City State Zip

4. **Mailing Address:** _____
 (If different) Street City State Zip

5. **Fiscal First Month:** _____ 01, 07, etc.

6. **Federal Tax ID Number:** _____

Cardholder information required:

Name (21 Characters max)	SSN	Date of Birth	Mother's Maiden Name	Credit Limit

To request additional cards, please provide us with a separate listing on company letterhead, including all the information shown above.

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 or entity who opens an account. What this means for you: When you open an account, we will ask for your name, address, federal identification number, and other information that will allow us to identify you.