



Government Travel Card Individual Liability Application

Note: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Applicant. Please complete the application by typing in the data and printing to sign and fax. Please see page 4 for instructions. ONLY FAX to (605) 357-2092. Required fields denoted by an asterisk “*”. Form will be returned if required fields are not completed.

Fax: 605-357-2092

Section I: Reporting Parameters (to be completed by A/OPC)

| | | | | | |
|--|--------------------------------|---|-----|-----|-----|
| 1. Plastic Type* | | 2. Company Number* | | | |
| 3. Plastic Delivery* (To be completed by A/OPC only) <input type="checkbox"/> Standard Delivery 7-10 business day delivery <input type="checkbox"/> Expedited Delivery 2-3 business day delivery | 4. Reporting Hierarchy* | Specify the complete 7-digit account Hierarchy Level (HL) numbers that pertain to your organization. Each Hierarchy Level consists of 7 digits. | | | |
| | | HL1 | HL2 | HL3 | HL4 |
| | | HL5 | HL6 | HL7 | HL8 |
| | | | | | |

Section II: Applicant Information (to be completed by Applicant)

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| 5. Applicant Name* (Maximum 25 characters) Provide full name as it should appear on the card | |
| 6. Agency/Organization Name* (Maximum 25 characters) | |
| 7. Second Line Embossing (Maximum 25 characters) This will be embossed on card under Applicant's Name. | |
| 8. Applicant SSN* - - | 9. Date of Birth* (MM/DD/YYYY) / / |
| 10. Employee Identification Number (Maximum 20 characters) | |
| 11. Primary Address* (Statement Mailing)— Address must be US or US territory | |
| Street Address Line 1 | |
| Street Address Line 2 | |
| Street Address Line 3 | |
| City | |
| State | Zip Code (Last 4 digits optional) - Country U S A |
| 12. Home Address* — No Post Office Box | |
| Street Address Line 1 | |
| Street Address Line 2 | |
| Street Address Line 3 | |
| City | |
| State | Zip Code (Last 4 digits optional) - Country U S A |
| 13. Alternate Address* (Temporary address for one-time delivery of card only) | |
| Street Address Line 1 | |
| Street Address Line 2 | |



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|---|--|--|--|--|-----------------------------------|--|--|--|--|--------------------|--|--|--|--|---------|--|--|--|--|-------|--|--|--|--|
| Street Address Line 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | | | Zip Code (Last 4 digits optional) | | | | | - | | | | | Country | | | | | U S A | | | | |
| 14. Business Phone* | | | | | | | | | | Business Extension | | | | | | | | | | | | | | |
| 15. Mobile Phone* | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Home Phone* | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Email Address (Maximum 60 characters) | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Secondary Verification Information* (the verification type may be designated by your program coordinator) | | | | | | | | | | | | | | | | | | | | | | | | |
| For call in verification please select verification type. | | | | | | | | | | | | Provide information (Maximum 15 characters). | | | | | | | | | | | | |
| 18. A | | | | | | | | | | | | 18. B | | | | | | | | | | | | |

Section III: Applicant Consents and Agreements (to be completed by Applicant)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|
| 19. Mobile Consent | | By providing your phone number, you agree that we or our service providers can contact you at that number by text message, artificial voice, pre-recorded or autodialed calls. Your phone plan charges may apply. You may opt out by e-mailing optoutphoneconsent@citi.com . | | | | | | | | | | | | | | | | | | | | | | |
| 20. Paper-Free Option | | You have the option to receive your card account billing statement ("statement") electronically and certain notices, including legal notices, for your card account ("notices") electronically. If you select this option, your statement as well as any notices that we make available electronically now or in the future will be available to you for viewing and printing on the CitiManager web site and will not be mailed to you. We will send you an email alert to the email address provided above when your statement or a notice is available. If you wish to select this option, please check the box below: <input type="checkbox"/> By checking this box, I agree to receive statements and notices electronically as described above and to receive email alerts of statements and notices. I understand that I must register for CitiManager at www.citimanager.com/login in order to view statements and notices electronically. | | | | | | | | | | | | | | | | | | | | | | |
| 21. Ohio Residents | | OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customer and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law. | | | | | | | | | | | | | | | | | | | | | | |
| 22. New York Residents | | NEW YORK RESIDENTS: New York residents may contact the New York State Department of Financial Services by telephone or visit its website for free information on comparative credit card rates, fees and grace periods. NY State Dept of Financial Services: 1-800-342-3736 or visiting www.dfs.ny.gov . | | | | | | | | | | | | | | | | | | | | | | |
| 23. Credit Report Authorization* | | Select A or B | | <input type="checkbox"/> A I, as the applicant, authorize Citi to obtain credit reports on me. <input type="checkbox"/> B I, as the applicant, DO NOT authorize Citi to obtain credit reports on me. Therefore, I will not be eligible for a standard card. | | | | | | | | | | | | | | | | | | | | |
| Signature | | <p>I, the applicant, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the Citi Government Services Travel Card Program Cardholder Account Agreement that will accompany the card. I understand that it is my responsibility to notify Citi at 1-800-790-7206 (overseas call 904-954-7850) immediately if my card is lost or stolen. I acknowledge that I will be liable for all transactions made with my card pursuant to the Citi Government Services Travel Card Program Cardholder Account Agreement and Citi may verify the information listed on the Application about me from credit reporting agencies and other sources.</p> <p>By submitting this application I, the applicant, authorize Citi to inform my employer whether my application has been denied or approved.</p> <p>IMPORTANT INFORMATION about opening a Citibank® Government Travel Card account: To help the United States Government fight terrorism and money laundering, Federal law requires Citi or my employer to obtain, verify, and record information that identifies each person that opens an account.</p> <p>What this means for me: when I open an account, Citi or my employer will ask for my name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires Citi or my employer to obtain. Citi or my employer may also ask to see my driver's license or other identifying documents that will allow Citi or my employer to identify me. Citi will not accept military identification cards or government badges as an acceptable form of identification.</p> | | | | | | | | | | | | | | | | | | | | | | |
| | | 24. Applicant Signature* | | | | | | | | | | | | | | | 25. Date (MM/DD/YY) | | | | | | | |
| | | | | | | | | | | | | | | | | | / / | | | | | | | |
| | | 26. Approving Supervisor's Signature | | | | | | | | | | | | | | | 27. Date (MM/DD/YY) | | | | | | | |
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Section IV: Account Specification (to be completed by A/OPC)

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| 28. Master Accounting Code/GL Code (Maximum 75 characters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Master Accounting Code/GL Code 1 (Maximum 75 characters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 29. Discretionary Code (Maximum 30 characters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 30. Discretionary Code 1 (Maximum 30 characters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. User Defined 1 (Maximum 6 characters) | | | | | | 32. User Defined 2 (Maximum 6 characters) | | | | | | 33. User Defined 3 (Maximum 6 characters) | | | | | | 34. User Defined 4 (Maximum 9 characters) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35. User Defined 5 (Maximum 40 characters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 36. User Defined 6 (Maximum 40 characters) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37. Site ID | | | | | 38. Card Credit Limit* | | | | | | | | | | 39. Cash Limit % | | | | | or | 40. Cash Limit \$ | | | | | | | | | |
| | | | | | \$, . 0 0 | | | | | | | | | | | | | | | | \$, . 0 0 | | | | | | | | | |
| A/OPCs must provide account specification information for either 41-42. OR 43-56. Application will be rejected if A/OPC does not provide either 40-41. OR 42-55. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41. Individual Authorization Option | | | | | | 42. Group Authorization Option | | | | | | 43. Dollars Per Transaction Limit | | | | | | 44. Number of Transactions Per Cycle | | | | | | | | | | | | |
| | | | | | | | | | | | | \$, . 0 0 | | | | | | | | | | | | | | | | | | |
| 45. Number of Transactions Daily | | | | | | | | | | 46. MCC Template 1 (Maximum 10 characters) | | | | | | | | | | | | | | | | | | | | |
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| 47. MCC Template 2 (Maximum 10 characters) | | | | | | | | | | 48. MCC Template 3 (Maximum 10 characters) | | | | | | | | | | | | | | | | | | | | |
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| 49. MCC Template 4 (Maximum 10 characters) | | | | | | | | | | 50. MCC Template 5 (Maximum 10 characters) | | | | | | | | | | | | | | | | | | | | |
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| 51. MCC Template 6 (Maximum 10 characters) | | | | | | | | | | 52. MCC Template 7 (Maximum 10 characters) | | | | | | | | | | | | | | | | | | | | |
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| 53. MCC Template 8 (Maximum 10 characters) | | | | | | | | | | 54. MCC Template 9 (Maximum 10 characters) | | | | | | | | | | | | | | | | | | | | |
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| 55. MCC Template 10 (Maximum 10 characters) | | | | | | | | | | 56. MCC Template 11 (Maximum 10 characters) | | | | | | | | | | | | | | | | | | | | |
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Section V: Authorization (to be completed by A/OPC)

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|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---------------------|--|--|--|--|
| 57. Program Coordinator Name* | | | | | | | | | | | | | | | 58. Program Coordinator Signature* | | | | | | | | | | | | | | | 59. Date (MM/DD/YY) | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | / / | | | | |
| 60. Program Coordinator Phone Number* | | | | | | | | | | | | | | | 61. Program Coordinator Fax | | | | | | | | | | | | | | | | | | | |
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Instructions Page

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| 1. Plastic Type | Card type selection: 1) Government Standard: GSA-designed standard card. US Government is printed on the card; 2) Quasi-Generic: Plain blue plastic embossed with Government-assigned account number; 3) Generic: Plain blue plastic embossed with NON Government-assigned account number. |
| 2. Company Number | Applicant's seven-digit billing site number (Company Number). |
| 3. Plastic Delivery | To be completed by A/OPC only. Indicate whether the card should be mailed Standard Delivery within 7-10 business days or Expedited within 2-3 business days. |
| 4. Reporting Hierarchy | The seven-digit reporting code assigned to each level within the organizational hierarchy that defines the card/Applicant's relationship within your Agency/Organization's reporting structure. The A/OPC will complete this section. |
| 5. Applicant Name | Full name of Applicant — First, Middle Initial and Last. Maximum 25 characters including spaces. |
| 6. Agency/Organization Name | Name of Agency/Organization. Maximum 25 characters including spaces. |
| 7. Second Line Embossing | Agency, Bureau or Operating Administration name (maximum 25 characters including spaces, i.e., GSA). This will be embossed on card under Applicant's Name. |
| 8. Applicant SSN | Used for card activation and Applicant identification. |
| 9. Date Of Birth | Used for Applicant identification. |
| 10. Employee Identification Number | |
| 11. Primary Address (Statement Mailing) | Indicate the address to which the billing statements should be mailed. Address must be US or US territory. Application will be rejected if the address is outside of the card issuing country. This is also the address the card will be mailed to unless an Alternate Address is provided. |
| 12. Home Address (No Post Office Box) | If home mailing address was input above as your Primary Address, please include in the Home Address field as well. |
| 13. Alternate Address | Complete this section if card is being sent to an alternate address. Note: this is a temporary address used for one-time delivery of card only. Address must be US or US territory. |
| 14. Business Phone | Indicate the Business, Home and Mobile phone numbers (including area code) of the individual applying for the card. For locations outside of the US, include the applicable two-to-three digit country code. Note: an international access code, such as "011" is not required. If a Home Phone number is not available, enter "N/A" (Not Applicable). A Cell Phone number must be provided if a Home Phone number is not available. |
| 15. Mobile Phone | |
| 16. Home Phone | |
| 17. Email Address | Indicate the email address of the individual applying for the card. Maximum 60 characters. |
| 18. Secondary Verification Information | <p>Identification requested from the Applicant when he/she contacts Citi for servicing of their account.</p> <p>Section A — Select question for security verification from drop down menu: DOH — Date of Hire; BCD — Benefit Comp Date; EIN — Employee Identification Number; EMPBADGE# — Employee Badge#; MMN — Mother's Maiden Name; PSWD — Password; FF — Favorite Food</p> <p>Section B — Answer to security verification question.</p> |
| 19. Mobile Phone Consent | Mobile Phone Consent statement. |
| 20. Paper-Free Option | Check the box if you wish to receive statements and notices electronically on the CitiManager web site and to receive email alerts of statements and notices. To do so, you will need to register for CitiManager at www.citimanager.com/login . |
| 21. Ohio Residents | OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customer and that credit reporting agencies maintain separate credit histories on each individual upon request. |
| 22. New York Residents | NEW YORK RESIDENTS: New York residents may contact the New York State Department of Financial Services by telephone or visit its website for free information on comparative credit card rates, fees and grace periods. NY State Dept of Financial Services: 1-800-342-3736 or visiting www.dfs.ny.gov . |
| 23. Credit Report Authorization | Indicate Credit Report Authorization agreed to by choosing option A or B. |
| 24. Applicant Signature | The Applicant's signature. |
| 25. Date | Enter the date the Applicant signed the application. |



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| 26. Approving Supervisor's Signature | The Applicant's direct manager signature. |
| 27. Date | Enter the date the supervisor signed the application. |
| 28. Master Accounting Code/GL Code | Default accounting code (i.e., general ledger code) for this card's transactions. |
| 29. Discretionary Code | <p>Alpha and/or Numeric Agency-assigned code, individualized to each card/Applicant. This information appears on the card/Applicant's profile of information.</p> <p>Note: The Agency may have up to two Discretionary Codes and six User Defined Fields (UDF) for each card/Applicant. Your Agency may or may not use UDFs or may only use a few. UDFs may also be labeled differently on the EAS. For more accurate use, please use CitiManager OLA. UDFs 1-3 are 6 characters in length. UDF 4 is 9 characters. UDF 5 & 6 are 40 characters each.</p> |
| 30. Discretionary Code 1 | |
| 31. User Defined 1 | |
| 32. User Defined 2 | |
| 33. User Defined 3 | |
| 34. User Defined 4 | |
| 35. User Defined 5 | |
| 36. User Defined 6 | |
| 37. Site ID | For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes. |
| 38. Card Credit Limit | The spending limit set for Applicant to use for charges. |
| 39. Cash Limit % | Indicate the percentage of the total Card Credit Limit (line 38) that can be used for cash advances. Must be entered as a whole number. |
| 40. Cash Limit \$ | Indicate the dollar amount that can be used for cash advances. |
| 41. Individual Authorization Option | Indicates the individual level option set tied to the account for card authorizations. Meant for Account level single purchase limits and other velocity limits. If using the default value, then the accounts must use velocities and card level limits starting in field 43 as needed by your program. |
| 42. Group Authorization Option | Indicates the group level option set tied to the account as initially implemented. Meant for MCCG(s) for authorization. If not using the default value, then the accounts must use MCC Templates in fields starting in 46. |
| 43. Dollars Per Transaction Limit | Single transaction limit, i.e., \$500; this would restrict a Applicant from using more than \$500 for a single purchase. |
| 44. Number of Transactions Per Cycle | Limit on transactions per billing cycle. |
| 45. Number of Transactions Daily | Limit on transactions per day. |
| 46. – 56. MCC Template 1 — MCC Template 11 | Merchant blocking schemes. For example, A/OPC may want to block certain types of merchants from being accessed by Applicant. Contact your Client Account Specialist for your Agency's MCC template. |
| 57. Program Coordinator Name | The name and signature of the Agency/Organization Program Coordinator completing this section of the setup/Application form. |
| 58. Program Coordinator Signature | |
| 59. Date | Enter the date the Program Coordinator signed the application. |
| 60. Program Coordinator Phone Number | Indicate the business phone number (including area code) of the Agency/Organization Program Coordinator. For locations outside the US, include the applicable two-to-three digit country code. |
| 61. Program Coordinator Fax Number | Indicate Agency/Organization Program Coordinator fax number. |