

Note: This form should be completed by the Program Administrator with the required information input from the Applicant. Please complete application electronically then print, 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.

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

1. Plastic Type*													2.0	omp	any	Nun	ber	*								
3. Plastic Delivery* (To be completed by A/OPC only)	4. Reporting Hierarchy*				olete 7-di evel cons					chy Le	evel ((HL) r	numk	oers t	that	perta	in to	you	ırorg	ganiza	ation					
☐ Standard Delivery 7-10 business day				HL1						HL2						- 1	HL3							HL4	1	
delivery ☐ Expedited Delivery			ŀ	HL5						HL6							HL7							HL8	3	_
2-3 business day delivery																										
Section II: Applicant I	nformation (to be	completed	by A	pp	licant)																					
5. Applicant Name* (Ma Provide full name as it sho	ximum 25 characters) ould appear on the card																									
6. Agency/Organization	n Name* (Maximum 25	characters)																								
7. Second Line Embossi This will be embossed on	ng (Maximum 25 charac card under Applicant's N	ters) ame.																					L			
8. Employee Identificat	ion Number (Maximui	n 20 characte	rs)																							
9. Primary Verification/La	ast 4 Digits of Social Se	curity Numb	er*																							
10. Secondary Verificat	ion Information* (the	verification ty	/pe m	ay b	e designat	ed by	your	progr	am c	oordii	nator,)														
For call in verification pl	ease select verificatio	n type.								Pro	vide	info	rmat	ion (Maxi	mum	15 ch	arac	ters)							
10A.										10E	10B.															
11. Primary Address* (St	atement Mailing) — Ad	dress must b	oe U.S	S. oı	U.S. terr	itory	,																			
Street Address Line 1							1																			
																							L			
Street Address Line 2																										
																							Ĺ			
Street Address Line 3																										
																							L			
City																							Ĺ			
State	Zip Code (Last 4 dig	its optional)					-					Cou	untr	y												
12. Alternate Address (7	emporary address for or	e-time delive	ry of c	ard	only)																					
Street Address Line 1						1												ı			1	ı				
																							L			
Street Address Line 2																				1						
																							L			
Street Address Line 3																										
																										L
City							L		L														L			
State	Zip Code (Last 4 dig	its optional)					_					Cou	untr	v												



13. Business Phone*									Bus	sines	s Ex	tensi	on					
14. Mobile Phone*																		
15. Home Phone*																		
16. Business E-mail																		
Address (Maximum 60 characters)																		

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

17. 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 .												
18. Paper-Free Option	You have the option to receive your card account billing statement ("statement") electronically and certain recard account ("notices") electronically. If you select this option, your statement as well as any notices that we in the future will be available to you for viewing and printing on the CitiManager web site and will not be mail alert to the e-mail address provided above when your statement or a notice is available. If you wish to select to	e make ed to yo	avail ou. W	lable /e wi	elec II sen	tronica d you a	ılly no an e-r	ow or mail					
	By checking this box, I agree to receive statements and notices electronically as described above and to receive e-mail 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.												
19. 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.												
20. 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 .												
	I, the applicant, represent and warrant that all information on this application is true and correct, and my us constitute my agreement with the terms, conditions and procedures contained in the Citi Government Servi Account Agreement that will accompany the card. I understand that it is my responsibility to notify Citi at 1–904-954-7850) immediately if my card is lost or stolen. I acknowledge that I will be liable for all transaction Citi Government Services Travel Card Program Cardholder Account Agreement and Citi may verify the informme from credit reporting agencies and other sources.	es Trav 00-79 made	vel Ca 0-72 with	ard P 206 (my o	rogra overs card (ım Car seas ca oursua	dhold II nt to	ler the					
	By submitting this application I, the applicant, authorize Citi to inform my employer whether my application has been denied or approved.												
	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.												
Signature	What this means for me: when I open an account, Citi or my employer will ask for my name, a street address number, such as a Social Security number, that Federal law requires Citi or my employer to obtain. Citi or my driver's license or other identifying documents that will allow Citi or my employer to identify me. Citi will not government badges as an acceptable form of identification.	employ	er m	ay al	so as	k to se	e my						
		22	. Dat	te									
	21. Applicant Signature*			/			/						
	23. Approving Supervisor's	24	. Dat	te									
	Signature			/			/						
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Section IV: Account Specification (to be completed by A/OPC)

Section IV. Account Specification (to be completed by A/OFC)							
25. Master Accounting Code/GL Code 1 (Maximum 75 characters)							
Master Accounting Code/GL Code 2 (Maximum 75 characters)							
26. Discretionary Code (Maximum 30 characters)							
27. Discretionary Code 1 (Maximum 30 characters)							
28. User Defined 1 (Maximum 6 characters) 29. User Defined 2 (Maximum 6 characters) 30. User Defined 3 (Maximum 6 characters)	31. User Defined 4 (Maximum 9 characters)						
32. User Defined 5 (Maximum 40 characters)							
33. User Defined 6 (Maximum 40 characters)							
34. Site ID 35. Convenience Checks (Purchase Accounts Only) 36. Convenience Checks Max Payment A	Amount \$						
	. 0 0						
37. Card Credit Limit* 38. Cash Limit\$							
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A/OPCs must provide account specification information for either 39-40. OR 41-54. Application will be rejected if A/OPC do	oes not provide either 38-39. OR 40-53.						
39. Individual Authorization Option 40. Group Authorization Option 41. Dollars Per Transaction Limit	42. Number of Transactions Per Cycle						
\$, , . 0 0							
43. Number of Transactions Daily 44. MCC Template 1 (Maximum 10 characters) 45. MCC Template 2 (Maximum 10 characters)	aximum 10 characters)						
46. MCC Template 3 (Maximum 10 characters) 47. MCC Template 4 (Maximum 10 characters) 48. MCC Template 5 (Maximum 10 characters)	aximum10 characters)						
49. MCC Template 6 (Maximum 10 characters) 50. MCC Template 7 (Maximum 10 characters) 51. MCC Template 8 (Maximum 10 characters)	aximum 10 characters)						
52. MCC Template 9 (Maximum 10 characters) 53. MCC Template 10 (Maximum 10 characters) 54. MCC Template 11 (M	faximum 10 characters)						
Section V: Authorization (to be completed by A/OPC)							
55. Program Coordinator Name* 56. Program Coordinator Signature* 57. Date							
Son regiani coordinator signature Sr. Date							



Instructions Page

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) Non-POS
	(White): Cannot be used at the point-of-sale; 4) 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	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. Employee Identification Number	
9. Primary Verification/Last 4 Digits of Social Security Number	Used for card activation and account identification.
10. Secondary Verification Information	Identification requested from the Applicant when he/she contacts Citi for servicing of their account.
	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
	Section B — Answer to security verification question.
11. Primary Address (Statement Mailing)	Indicate the address to which the billing statements should be mailed. Address must be U.S. or U.S. 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. 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.
13. Business Phone	Indicate the Business, Home and Mobile phone numbers (including area code) of the individual applying for
14. Mobile Phone	the card. For locations outside of the U.S., 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"
15. Home Phone	(Not Applicable). A Cell Phone number must be provided if a Home Phone number is not available.
16. Business E-Mail Address	Business e-mail address. Maximum 60 characters.
17. Mobile Phone Consent	Mobile Phone Consent statement.
18. Paper-Free Option	Check the box if you wish to receive statements and notices electronically on the CitiManager web site and to receive e-mail alerts of statements and notices. To do so, you will need to register for CitiManager at www.citimanager.com/login.
19. 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.
20. 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 .
21. Applicant Signature	The Applicant's signature.
22. Date	Enter the date the Applicant signed the application.
23. Approving Supervisor's Signature	The Applicant's direct manager signature.



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24. Date	Enter the date the supervisor signed the application.
25. Master Accounting Code/GL Code	Default accounting code (i.e., general ledger code) for this card's transactions.
26. Discretionary Code	
27. Discretionary Code 1	
28. User Defined 1	Alpha and/or Numeric Agency-assigned code, individualized to each card/Applicant. This information appears on the card/ Applicant's profile of information.
29. User Defined 2	— Of the cardy Applicant's profile of information.
30. User Defined 3	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 UFDs or may only use a few. UDFs may also be labeled differently
31. User Defined 4	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.
32. User Defined 5	
33. User Defined 6	
34. Site ID	For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes.
35. Convenience Checks	Convenience Checks selection: none, 2 books (120 checks), or 6 books (480 checks). Note: if convenience checks are requested on the account, the Cash Limit field (line 38) should be completed.
36. Convenience Checks Max Payment Amount \$	Maximum payment amount printed on the face of the check. Note: amount should match the Dollars per Transaction Limit (line 41) on the account.
37. Card Credit Limit	The spending limit set for Applicant to use for charges.
38. Cash Limit \$	Indicate the dollar amount that can be used for cash advances.
39. Individual Authorization Option	
40. Group Authorization Option	
41. Dollars Per Transaction Limit	Single transaction limit, i.e., \$500; this would restrict an Applicant from using more than \$500 for a single purchase.
42. Number of Transactions Per Cycle	Limit on transactions per billing cycle.
43. Number of Transactions Daily	Limit on transactions per day.
4454. 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.
55. Program Coordinator Name	The name and signature of the Agency/Organization Program Coordinator completing this section of the setup/application form.
56. Program Coordinator Signature	— approach form
57. Date	Enter the date the Program Coordinator signed the application.
58. Program Coordinator Phone Number	Indicate the business phone number (including area code) of the Agency/Organization Program Coordinator. For locations outside the U.S., include the applicable two-to-three digit country code.
59. Program Coordinator Fax Number	Indicate Agency/Organization Program Coordinator fax number.