



Combined: Centrally Billed Government Purchase, Travel, or Integrated Card Government Liability

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.

Fax:	605-357-2092
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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)

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. Employee Identification Number (Maximum 20 characters)	
9. Primary Verification/Last 4 Digits of Social Security Number*	
10. 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)
10A.	10B.
11. Primary Address* (Statement Mailing)— Address must be U.S. or U.S. territory	
Street Address Line 1	
Street Address Line 2	
Street Address Line 3	
City	
State	Zip Code (Last 4 digits optional) - Country
12. Alternate Address (Temporary address for one-time delivery of card only)	
Street Address Line 1	
Street Address Line 2	
Street Address Line 3	
City	
State	Zip Code (Last 4 digits optional) - Country



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Section IV: Account Specification (to be completed by A/OPC)

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 Amount \$													
																\$, , . 0 0													
37. Card Credit Limit*															38. Cash Limit \$														
\$, , . 0 0															\$, , . 0 0														
A/OPCs must provide account specification information for either 39-40. OR 41-54. Application will be rejected if A/OPC does 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)											
46. MCC Template 3 (Maximum 10 characters)										47. MCC Template 4 (Maximum 10 characters)										48. MCC Template 5 (Maximum 10 characters)									
49. MCC Template 6 (Maximum 10 characters)										50. MCC Template 7 (Maximum 10 characters)										51. MCC Template 8 (Maximum 10 characters)									
52. MCC Template 9 (Maximum 10 characters)										53. MCC Template 10 (Maximum 10 characters)										54. MCC Template 11 (Maximum 10 characters)									

Section V: Authorization (to be completed by A/OPC)

55. Program Coordinator Name*															56. Program Coordinator Signature*															57. Date		
																														/ /		
58. Program Coordinator Phone Number*															59. Program Coordinator Fax																	



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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) 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	<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>
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 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" (Not Applicable). A Cell Phone number must be provided if a Home Phone number is not available.
14. Mobile Phone	
15. Home Phone	
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	<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>
27. Discretionary Code 1	
28. User Defined 1	
29. User Defined 2	
30. User Defined 3	
31. User Defined 4	
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.
44. – 54. 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	
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.