

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 3 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 PA or A/OPC)

1. Plastic Type*									2.	Com	pan	y ID'	* - (N	1axim	um 7	char	actei	rs)																
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3. Reporting Hierar	chy*	:																																
								н	L5						HL	6						н	L7						HL	.8				
Section II: Applica	int I	nfoi	rmat	tion	ı (to	be o	сот	ple	ted	by A	ppli	can	t)																					
4. Driver/Vehicle In	dica	tor		V	D																											 		
5. Name to Appear	on th	ne Ca	ard*																															
6. 2nd Line Emboss					bosse	ed or	n card	dun	der																									
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7C. Business Mailing	g Ado	dress	s Line	e 3																		1												
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State			Zip	Cod	le																													
8. Business Phone*																			-															
9. Mobile Phone																																		
10. Business e-mail	addro	ess*																														 		
11. Card Activation N	lumb	er*																																
12. Secondary Verification Information*	For	call ii	n verii	ficati	ion pl	ease	sele	ct ve	erifica	tion	ype a	and p	rovid	e info	ormat	ion																		
13. Agency/Organiza	tion	*					-																									 		



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

14. Mobile Phone Consent	providers may contact you at messages and automated dial	d us with a mobile number or number later converted to a mobile number, you ag that number about your Commercial Card account. This consent allows us to use ing technology for informational and account service calls but not telemarketing sending an email to OptOutcellconsent@citi.com	text	messa	ges	, autor	nated	voice			
15. Paper-Free Policy	You must register for CitiMan certain notices, including lega "Go Paperless" box is selecte makes available electronically	ager at www.citimanager.com/login in order to view your card account billing st il notices, for your card account ("notices") electronically. Once you register you d, you will receive your statements and notices electronically. Your statement a r now or in the future will be available to you for viewing on the CitilManager we e-mail alert to the e-mail address(es) on file with Citi when your statement or a	ur ac Is we b site	count II as a e and v	and ny n will i	l ensu lotices not be	e tha that maile	t the Citi ed to			
16. Ohio Residents		ws against discrimination require that all creditors make credit equally available to maintain separate credit histories on each individual upon request. The Ohio civil									
17. New York Residents		ork residents may contact the New York State Department of Financial Services by te dit card rates, fees and grace periods. NY State Dept of Financial Services: 1-800-342									
Signature	790-7206 (overseas call collect IMPORTANT INFORMATION ab To help the United States Gove information that identifies eac for my name, a street address, employer to obtain. Citi or my to identify me. What this mean an identification number, such also ask to see my driver's lice	at the card is to be used for official purchases only. I understand it is my responsibi t 904-954-7850) immediately if my card is lost or stolen. out opening a Citibank® Commercial Card account: rnment fight terrorism and money laundering, Federal law requires Citi or my emp h person that opens an account. What this means for me: when I open an account, date of birth, and an identification number, such as a Social Security number, that employer may also ask to see my driver's license or other identifying documents th s for me: when I open an account, Citi or my employer will ask for my name, a stree as a Social Security number, that Federal law requires Citi or my employer to obtain se or other identifying documents that will allow Citi or my employer to identify m nent badges as an acceptable form of identification.	loyer Citi c Fede hat w et ad in. Cit	to ob or my e ral lav ill allo dress, ti or m	tain emp v rec w Ci date v er	, verify loyer i quires iti or n e of bin nploye	r, and will as Citi or ny emp rth, ar rr may	record k my oloyer nd			
	18. Applicant Signature*		19.	Date	/		/				
	20. Approving Supervisor's 21. Date										
	Signature				/		/				

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

22.	. Master Accounting Code/GL Code Maximum 150 characters																																				
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39.	39. Program Administrator Fax Number												-				-																						



Instructions Page

1. Plastic Type	Select card type: 1) Standard 2) Quasi: Plain blue plastic embossed with Government assigned account number 3) Generic: Plain plastic embossed with NON-Government assigned account number.
2. Company Number/ID	Seven-digit ID code used if card(s) will be shipped to central address(es). Contact your Client Account Manager for your Agency's specific codes.
3. Reporting Hierarchy	The seven-digit reporting code assigned to each level within the organizational hierarchy that defines the Applicant's relationship within your Agency's reporting structure. Up to eight seven-digit codes may be assigned to your Agency. Contact your Client Account Specialist for your Agency's specific codes.
4. Driver/Vehicle Indicator	Please enter V, D, or Blank; V = Vehicle based card where the card is based within a vehicle; D = Driver based card where the card resides with the driver; or leave blank if your program does not utilize this indicator.
5. Name of Card	Full name of Applicant – First, Middle Initial and Last. Maximum 25 characters including spaces.
6.2nd Line Embossing	Agency, Bureau or Operating Administration name (maximum 25 characters including spaces, i.e., GSA). This value is embossed on the card under the Name on Card value.
7. Business Mailing Address	Address where cards and statements will 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.
8. Business Phone	Indicate the business phone number (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.
9. Mobile Phone	Indicate the mobile phone number (including area code) of the individual applying for the card. If you want to receive SMS/text messages regarding your new account, please visit www.citimanager.com/login and register for SMS alerts.
10. Business E-mail Address	Business e-mail address (maximum 60 characters).
11. Card Activation Number	The last four digits of this number are used during the card activation.
12. Secondary Verification	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: (LM DOH)-Date of Hire (MMYY); (LM BCD/SCD)-Benefit Comp Date/ Service Computation Date (MMYY); (LM-EIN)-Employee EIN# (Last Four); (LM-EMPBADGE#)-Employee Badge# (Last Four); (LM-MMN)-Mother's Maiden Name; (LM-PSWD)-Password; (LM-FF)-Favorite Food. Section B – Answer to security verification question.
13. Agency/Organization	Name of Agency/Organization. Maximum 24 characters including spaces.
14. Mobile Phone Consent	Mobile Phone Consent statement.
15. Paper Free Policy	In support of the Paper-Free policy you will receive an e-mail alert when your statement and other notices are available for viewing on CitiManager upon registration at www.citimanager.com/login.
16. 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.
17. 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.
18. Applicant Signature	The applicant's signature.
19. Date	
20. Approving Supervisor Signature	The applicant's direct manager signature.
21. Date	
22. Master Accounting Code/GL Code	Default accounting code (i.e., general ledger code) for this card's transactions.
23. Discretionary Code and User Defined Fields	Alpha and/or Numeric Agency-assigned code, individualized to each card/applicant. This information appears on the card/ applicant's profile of information. Note: The Agency may have up to two different discretionary codes and 6 user defined fields for each card/applicant.
24. Site ID	For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes.
25. MCC Template (1-11)	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.
26. Cycle Limit	Cycle spending limit.
27. Cash Limit	If allowed by your program, indicate the total Cash Limit for the cycle that can be used for cash advances.
28. Single Purchase Limit	Please indicate the single purchase transaction Limit of any one transaction made by the cardholder.
29. Group Authorization Option Set	Indicates the group level option set tied to the account. Meant for MCCG(s). If not using the default value (E.G. 840ZZ), then the accounts must use MCCG(s). Please contact your Client Account Manager for additional information.



30. Individual Authorization Option Set	Indicates the individual level option set tied to the account. Meant for Account level single purchase limits and velocities. If using the default value (E.G. 840ZZ), then the accounts must use velocities and card level limits.
31. Cycle Number Transaction Limit	Maximum number of transactions per cycle.
32. Daily Number Transactions Limit	Maximum number of transactions per day.
33. Vehicle/Driver Number	If your program utilizes a vehicle or driver number to track purchases, please enter the value of the number in this field. On a Driver Account this number is the Driver Number.
34. Assigned Vehicle/Driver Number	Identifies which vehicle or driver is assigned to the associated fleet account. An assigned driver number would be associated with a vehicle account. An assigned vehicle number would be associated with a driver account.
35. Assign Vehicle/Driver Table	If your program utilizes a cross reference table to further control the purchase using a table, please enter the value of the table in this field.
36. Product Type	Select the product options that best suit needs: 1) ID # and odometer; 2) Vehicle # and odometer; 3) driver # and odometer; 4) odometer only; or 5) None.
37. Product Restriction Code	Code that restricts use of specific products/services. Select one: 1) Good for fuel and other products; or 2) Good for fuel only.
38. Authorize	Indicates whether information requested at the POS is required to authorize a transaction Y = Yes, always require and verify N = No, do not require or verify information O = Verify information if received
39. Tax Exempt Number	Indicates the Tax Exemption Number assigned to this Fleet Account.
40. Agency Code	Indicates the type of tax exemption for which this account qualifies.
41. Approving Agency/Organization Program Coordinator Name (printed)	Print Program Coordinator name.
42. Approving Agency/Organization Program Coordinator Signature	Program Coordinator signature.
43. Date	
44. Approving Agency/Organization Program Coordinator Administrator's Phone Number	Indicate Program Coordinator business phone number (including area code).
45. Approving Agency/Organization Program Coordinator Administrator's Fax Number	Indicate Program Coordinator fax number