

# CitiBank® Government Billing Account Setup Form

SECTION I		INSTRUCTIONS	
1. To add a new billing account, the A/OPC completes all Sections. 2. Maintain a copy in the Agency Program Coordinator's files. 3. Fax completed form to 904 954-7700. <i>If you have any questions regarding one of the Sections below please contact your Client Account Manager.</i>			
SECTION II		REPORTING PARAMETERS	
*Reporting Hierarchy: (1) _____			
SECTION III		BILLING INFORMATION (Please Print)	
(2)			
*Agency Name (maximum 25 characters)			
(3)		(4)	
*Billing Recipient (maximum 36 characters)		*Verification	
(5)		(6) (     )	
*Statement Billing Mailing Address Line 1 (maximum 36 characters)		*Business Phone Ext.	
(7) (     )		(7) (     )	
Statement Billing Mailing Address Line 2 (maximum 40 characters)		*Fax Number	
*City (maximum 19 characters)		*State	
(8)		*Zip	
(8)		*Country	
If this billing site is being created for an affiliate or entity of an existing Citi Client, please provide the Tax Identification Number (TIN) for this entity.			
SECTION IV		AUTHORIZATION PARAMETERS	
(9) MCC Template		10) _____	
(if tied at Company level): _____		11) _____	
15) _____		12) _____	
16) _____		13) _____	
17) _____		14) _____	
18) _____		15) _____	
19) _____		16) _____	
SECTION V		OPTIONAL MASS MAILING ADDRESS INFORMATION (please print)	
(10) Card mailing options are as follow: <input type="checkbox"/> New Cards <input type="checkbox"/> Reissue Cards <input type="checkbox"/> Special Cards			
(11)			
Agency Name (maximum 25 characters)			
(12)			
Credit Card Recipient (maximum 25 characters)			
(13)			
Credit Card Mailing Address Line 1 (maximum 40 characters)			
Credit Card Mailing Address Line 2 (maximum 40 characters)			
*City (maximum 19 characters)		*State	
(14)		*Zip	
(14)		*Country	
SECTION VI		(maximum 19 characters) (14) TERMS AND CONDITIONS	
I have full authority to sign this form and change the information on the company's behalf. All of the information is true and correct in all respects.			
*Agency Program Coordinator's Signature _____		Date	
*Agency Program Coordinator's Name (printed)		Date	
*Agency Program Coordinator's Business Phone Number (with area code or country code) (     )			
*Agency Program Coordinator's Fax Phone Number (with area code or country code) (     )			

CB016 Billing Account Set Up Application (08/2009) 538068

**\*Asterisked fields must be completed prior to submission.**

**Numbers in parentheses correspond to numbers on guide sheet on next page.**

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# CitiBank® Government Billing Account Setup Form

## GUIDE TO CITIBANK® GOVERNMENT BILLING ACCOUNT SETUP FORM

Form for requesting a new Government Billing Account.

### Section I - Instructions

### Section II - Reporting Parameters

1. **Reporting Hierarchy:** The seven-digit reporting code assigned to the billing level within the organizational hierarchy.

### Section III - Billing Information

2. **Agency Name:** New billing account name. (maximum 36 characters including spaces).
3. **Recipient Name:** Name of billing recipient.
4. **Verification:** Billing recipient verification information. This can be mmn, ssn, employee number, etc.
5. **Statement Billing Mailing Address:** Address where card and statements will be mailed. (maximum 40 characters per line including spaces).
6. **Business Phone:** Recipient business phone number.  
Business Extension:  
Recipient business:  
Extension number:
7. **Fax Number:** Recipient fax number.
8. **TIN:** Taxpayer Identification Number

### Section IV - Authorization Parameters

9. **MCC Template:** Template to be tied at the Agency level.

### Section V - Optional Mass Mailing Address Information

10. **Site Address Usage:** You can pick one, two or all three options below. If you mark one or more option please complete the rest of the information in Section V. If you do not require bulk ship of your cards, please leave Section V blank.  
New Cards - All new cards sent bulk shipped to recipient listed.  
Reissue Cards - All expired cards at time of reissue sent bulk shipped to recipient listed.  
Special Cards - All replacement cards sent bulk shipped to recipient listed.
11. **Agency Name:** New billing account name. (maximum 25 characters including spaces).
12. **Credit Card Recipient Name:** Name of person to receive credit cards (maximum 25 characters including spaces).
13. **Statement Billing Mailing Address:** Address where card and statements will be mailed. (maximum 40 characters per line including spaces).

### Section VII - A/OPC Signature

14. **Agency Program Coordinator's Signature and Phone Number:** Agency Program Coordinator must sign for approval, and must also print his or her name. The A/OPC's business phone and fax number is also requested.