

Citibank® Government Travel Card Program

Instructions:

This form must be completed by the Department of Defense employee, approving supervisor and the Agency Program Coordinator (APC). Use this form to apply for a new Individually Billed Card Account to be used by a Department of Defense employee. Information collected on this application is subject to the Privacy Act of 1974 (5 U.S.C. 552a) and applicable agency regulations. Questions? Contact Commercial Card Services toll-free 1-800-200-7056 from the U.S. and Canada or, if dialing from international locations, call 757-852-9076. See pages 4-6 for detailed instructions on completing this form.

Fax: 866-671-5910 605-338-5745

Contains personally identifiable information (PII) and should be handled in accordance with Federal and DoD Privacy Act Policy guidance.

Section I: Reporting Parameters (To be completed by APC. * = Required fields)

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		1	HL5					HL6						HL7	7					Н	_8		
Section IIa: Card	lholder	Inform	ation	(To b	e comi	pleted	bv em	volar	ee. * =	: Rea	uireo	l field:	s)										
2. Applicant Name*	Provi	de full n	ame: F	irst, N	1iddle I									hould	appe	earo	n the	card	(max	imun	of 25	5	
3. Applicant S	SN*			-		-					1 .	Date o					/	,		/			
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	State	*				ip/Post ast 4 digits								-					Co	untry			



Citibank® Government Travel Card Program

Section IIa: Cardholder Information (Continued)

5. Applicant Address	Home/Physical	Address	* (No l	Post	Offic	ce Bo	ox)																
Details*	Mail to Attentior	1																					
	Address Line 1*																						
	Address Line 2																						
	Address Line 3																						
	City or APO/FPO/DPO*																						
	State*			Zip/Po Last 4 di										-					Соι	ıntry			
	Alternate Addre	ss (One	Time N	Mailir	ng)																		
	Mail to Attention	1																					
	Address Line 1*																						
	Address Line 2																						
	Address Line 3																						
	City or APO/FPO/DPO*																						
	State*			Zip/Po Last4di										-					Соц	ıntry			
6. Applicant Contact Details*	E-mail Address*																						
	Business Office	Phone*								В	Susin	ess	s Ext	ensi	on								
	Primary Phone*	☐ Mobile								S	econ	da	ry Ph	one		Mobile Home							
7. Employee ID*	10 digit number	found on	the ba	ack o	fthe	DoE) issu	ued C	AC c	ard.													
Section IIb: Cardh	nolder Informatio	n (Tob	e com	plete	ed by	emp	olove	ee.)					•										
8. Mobile Phone Consent	By providing you message, artific optoutphoneco	r phone ial voice,	numb pre-re	er, yo ecord	uag	reet	hatv	we or														-mai	ling
9. Paper-free Option	You have the opt including legal n any notices that CitiManager wel when your state	otices, fo we make o site and	or your e availa d will n	r card able e ot be	l acc elect e mai	ount troni iled t	t ("no cally to yo	otices now u. We	or in will	ectro the f send	nica utur you	lly. e w an	If yo vill be e-m	u sel ava ail al	ect th ilable ert to	to yo the e	tion, u for -ma	your viewi il add	state ng ai ress	emen nd pri provi	t as w inting	on th	he
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Citibank® Government Travel Card Program

Section IIb:	Cardholder	Information	(Continued)
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10. Ohio Residents	OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.
11. 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

Section III: Cardholder Signature & Agreement (To be completed by employee. * = Required fields)

	To do so the property of the do so the property of the day of the property of
Signature & Agreement*	By signing below, I: (i) acknowledge I have read the Citi® Cardholder Agreement; (ii) agree to be bound by the terms and conditions as set forth in the Agreement; and (iii) understand that only the Department of Defense may request particular Authorization Parameters (Section III). This application is for a Department of Defense Travel Card account, which may be standard or restricted, as described in the Cardholder Agreement. I expressly agree to accept whichever type of account is established. Pursuant to requirements of law, including the U.S.A. PATRIOT ACT, the bank is required to request additional information to verify your identity.
	IMPORTANT INFORMATION about opening a new Citibank® Travel Card account: To help the United States Government fight terrorism and money laundering, Federal law requires us or your employer to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we or your employer will ask for your name, a street address, date of birth, and an identification number, such as a Social Security Number, that Federal law requires us or your employer to obtain. We or your employer may also ask to see your driver's license or other identifying documents that will allow us or your employer to identify you. Citi will not accept military identification cards or government badges as an acceptable form of identification. We appreciate your cooperation.
	12. Applicant's Signature*
	13. Date* (mm/dd/yyyy)

Section III. Card	noider Signature & Agree	illellt (10	Je coi	ilbieted p	y emp	loyee	1	required helds) (Continued)
Signature & Agreement*	14. Credit Score Authorization* (INITIALONE*)	authoriz	theb	l, as the cank to ob bed in the	tain m	y cre		BI, as the cardholder, DO NOT authorize the bank to obtain my credit score. Therefore, I have completed and submitted an alternate credit worthiness assessment (DD Form 2883), and understand I will not be eligible for a standard card.
	15. Approving Supervis	or's Signatu	re*					
	16. Date* (mm/dd/yyyy)	/		/				

Section IV: Autho	rization (lobe comp	pleted by APC. * = Required fields)
17. Authorized APC*		ereby authorize, on behalf of the Agency/Organization indicated above, that a Department of Defensed to the employee named in Section I of this application. PLEASE RETAIN A COPY FOR YOUR RECORDS.
	APC Name (type or print)*	
	E-mail Address*	
	APC Signature*	
	Date* (mm/dd/yyyy)	
	Commercial Office Phone*	()

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Citibank® Government Travel Card Program

Instructions Sheet — Supplement to Cardholder Application

IMPORTANT INFORMATION about opening a new Citi® Department of Defense Travel Card account:

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: When you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security Number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. Citi will not accept military identification cards or government badges as an acceptable form of identification. We appreciate your cooperation.

Please maintain copies in the Cardholder and Agency Program Coordinator's files.

Purpose:			to apply for an individually billed cardholder travel card account for a Department of Defense employee. ly be used to request the opening of a new account for a new cardholder.					
Instructions:	Who:	IIb: Mobile F Please print	s: This form is only to be used to open a new account. Fill out Section IIa: Cardholder Information, Section Phone Consent, Paper-Free Option and Section III: Cardholder Signature & Agreement, items 8, 9, 10, 11. or type all information. Required fields are identified by asterisk (*). Incomplete applications will not be and may be returned at the direction of DTMO Travel Card Program Management Office.					
		provide you	Supervisor: Complete Section III, items 13, 14. This form is only to be used to open a new account. Please r signature and the date signed. Required fields are identified by asterisk (*). Incomplete applications will essed and may be returned at the direction of the DTMO Travel Card Management Office.					
		APCs: Complete Section I and IV. This form is only to be used to open a new account. Please print or type all information. Required fields are identified by asterisk (*). Incomplete applications will not be processed and may be returned at the direction of the DTMO Travel Card Management Office.						
	When:	Complete th	nis form when there is a need to open a new individually billed Citi Government Travel Card account.					
	How:	Section I:	Reporting Parameters					
			(To be completed by an APC)					
			1. Citi Account Hierarchy (required): The Citi hierarchy unit number under which the new account will be established. Complete as many hierarchical levels as are appropriate for your organization. Each level of hierarchy consists of a seven-digit number; up to eight levels of hierarchy may be assigned. Citi hierarchy levels are sequential and indicate the organization's pedigree as illustrated in the EXAMPLE below:					
			HL1 = Department of Defense HL2 = Branch of Military Service or DoD Independent Agencies HL3 = Major Command or individual DoD Agency name Etc.					
			A complete hierarchy level number always begins with Level 1 and contains successive level numbers down to the lowest level assigned. It is required to determine the reporting group to which a cardholder's account will belong.					
		Section IIa:	Cardholder Information					
			(This section to be completed by Department of Defense Employee)					
			2. Applicant Name (required): Print or type the first, middle (if applicable) and last name of the applican (maximum of 25 characters including spaces).					
			3. Applicant SSN (Social Security Number) (required): Enter the employee's Social Security Number. The accuracy of the SSN is critical for split disbursement payments to be posted accurately and timely to the card account.					
			4. Date of Birth (required): Enter the date of birth for the individual applying for the card in mm/dd/yyyy format (example: 01/01/1973). Applicants must be 18 years of age or older.					
			(continued on next page					

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(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.		
Finite Andreas Research Finite Active Province, Zip/Postal Code), Address must be U.S., U.S. territory, APO/FPO/DPO, 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 and the Ship Card to Alternate Address box is marked. If a PO. Box is provided as the Primary Address, a Home/Physical Address must also be provided. Note: If indicating APO/FPO/DPO address, enter APO, FPO, or DPO in "City" field; AE, etc. in "State" field. Pexpedited Card Delivery: Indicate whether the card should be mailed within 2-3 business days. A physical address must be provided for expedited card delivery. Please note: for expedited cards, a signature is required at time of delivery. Mail to Attention: Indicate the name of the individual to whom the new card should be mailed. Home/Physical Address: Complete this section if a PO. Box is being provided as the Primary Address. Alternate Address: Complete this section if the card is being sent to an alternate address. Applicant Contact Details: E-mail Address (required): Indicate the e-mail address of the individual applying for the card. Business Office and/or Home Phone (required): Indicate the business and/or home 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. Cell phone number: Indicate the cell 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. 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 optouph		5. Applicant Address Details (required):
in "State" field. Expedited Card Delivery: Indicate whether the card should be mailed within 2-3 business days. A physical address must be provided for expedited card delivery. Please note: for expedited cards, a signature is required at time of delivery. Mail to Attention: Indicate the name of the individual to whom the new card should be mailed. Home/Physical Address: Complete this section if a P.O. Box is being provided as the Primary Address. Alternate Address: Complete this section if the card is being sent to an alternate address. Applicant Contact Details: E-mail Address (required): Indicate the e-mail address of the individual applying for the card. Business Office and/or Home Phone (required): Indicate the business and/or home 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 "O11," is not required. Cell phone number: Indicate the cell 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 "O11," is not required. Cell phone number: Indicate the cell 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 "O11," is not required. 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. Employee ID: Enter the 10-digit ID number as it appears on the back of your CAC card. Section Ilb: Mobile Phone Consent Paper-Free Option (This section to be completed by Department of Defense Employee) Check the box if you wish to recei	(continued)	(includes Street, City or APO/FPO/DPO, State/Province, Zip/Postal Code). Address must be U.S., U.S. territory, APO/FPO/DPO. 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 and the Ship Card to Alternate Address box is marked. If a P.O. Box is provided as the
A physical address must be provided for expedited card delivery. Please note: for expedited cards, a signature is required at time of delivery. • Mail to Attention: Indicate the name of the individual to whom the new card should be mailed. • Home/Physical Address: Complete this section if a P.O. Box is being provided as the Primary Address. • Alternate Address: Complete this section if the card is being sent to an alternate address. 6. Applicant Contact Details: • E-mail Address (required): Indicate the e-mail address of the individual applying for the card. • Business Office and/or Home Phone (required): Indicate the business and/or home 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. • Cell phone number: Indicate the cell 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. 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. 7. Employee ID: Enter the 10-digit ID number as it appears on the back of your CAC card. Section Ilb: 8. Mobile Phone Consent 9. Paper-Free Option (This section to be completed by Department of Defense Employee) Check the box if you wish to receive statements and notices electronically on the CitiManager at www.citimanager.com/login. 10. Ohio Residents 11. New York Residents Cardholder Signature & Agreement (This section to be completed by Department of Defense Employee) 12. Applicant's Signature (required): The applicant's signature. Wet or Digital signature accepted.		
Home/Physical Address: Complete this section if a P.O. Box is being provided as the Primary Address. Alternate Address: Complete this section if the card is being sent to an alternate address. Alternate Address: Complete this section if the card is being sent to an alternate address. Alternate Address (required): Indicate the e-mail address of the individual applying for the card. Business Office and/or Home Phone (required): Indicate the business and/or home 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. Cell phone number: Indicate the cell 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. 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 autodiade calls. Your phone plan charges may apply. You may opt out by e-mailing optoutphoneconsent@citi.com. The provider of the U.S., include the applicable two-to-three digit ID number as it appears on the back of your CAC card. Section III: Section III: Section to be completed by Department of Defense Employee		A physical address must be provided for expedited card delivery. Please note: for expedited cards,
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11. New York Residents Section III: Cardholder Signature & Agreement (This section to be completed by Department of Defense Employee) 12. Applicant's Signature (required): The applicant's signature. Wet or Digital signature accepted.		and to receive e-mail alerts of statements and notices. To do so, you will need to register for CitiManager
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12. Applicant's Signature (required): The applicant's signature. Wet or Digital signature accepted.	Section III:	Cardholder Signature & Agreement
		(This section to be completed by Department of Defense Employee)
13. Date (required): Enter the date the applicant signed the application.		12. Applicant's Signature (required): The applicant's signature. Wet or Digital signature accepted.
		13. Date (required): Enter the date the applicant signed the application.
14. Credit Score Authorization (required): Applicant reads options A and B and places first and last initials next to the option they agree to. Option A is a soft credit inquiry.		
15. Approving Supervisor's Signature (required): Signature of supervisor approving application. Wet or Digital signature accepted.		
16. Date (required): Enter the date the supervisor signed the application.		16. Date (required): Enter the date the supervisor signed the application.

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Citibank® Government Travel Card Program

Section IV:	Authorization
	(To be completed by APC)
	17. Authorized APC (required): The name and contact information of the Agency/Organization Program Coordinator, for this applicant, completing this section of the setup/application form. Required information includes:
	APC Name (type or print)*
	E-Mail Address (required): The APC's e-mail address.
	Signature (required): The APC's signature. Wet or Digital signature accepted.
	Date (required): The date the APC signed the application.
	 Commercial Office Phone: The APC's commercially accessible business phone number, including the area code. For locations outside of the U.S., include the applicable two-digit to three-digit country code. An international access code, such as "011" is not required.
Submit the	first and second pages of the request form ONLY via mail or fax as follows:
CONUS FA	