

Combined: Centrally Billed Government Purchase or Travel Card Government Liability

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 APC/AOPC)

[illegible]

Section II: Applicant Information (to be completed by Applicant)

[illegible]

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

14. Cell Phone Consent	As a service and upon activation of your card, we may notify you about important updates on your account via SMS text message to, or by calling, your wireless device. Please be advised that normal cell phone charges may apply. Should you prefer to not receive these notifications on your wireless device, you may choose to opt out by emailing us at optoutcellconsent@citi.com .
15. Paper-Free Policy	You must register for CitiManager at www.citimanager.com/login in order to view your card account billing statement ("statement") and certain notices, including legal notices, for your card account ("notices") electronically. Once you register your account and ensure that the "Go Paperless" box is selected, you will receive your statements and notices electronically. Your statement as well as any notices that Citi makes available electronically now or in the future will be available to you for viewing on the CitiManager web site and will not be mailed to you, and Citi will send you an e-mail alert to the e-mail address(es) on file with Citi when your statement or a notice is ready for viewing.



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

Signature*	<i>I, the applicant, represent and warrant that all information on this application is true and correct and purchases are to be made for official purposes. I understand that it is my responsibility to notify Citibank at 1-800-790-7206 (overseas call collect at 904-954-7850) immediately if my card is lost or stolen. I also authorize Citi to inform my employer regarding my application information and charges made by me. By submitting this application, I agree to the foregoing terms.</i>		
	<i>IMPORTANT INFORMATION about opening a Citibank® Government Travel Card or Purchase Card account:</i>		
	<i>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. What this means for me: when I open an account, Citi or my employer will ask for my name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires Citi or my employer to obtain. Citi or my employer may also ask to see my driver's license or other identifying documents that will allow Citi or my employer to identify me.</i>		
	16. Applicant Signature*		17. Date
	18. Approving Supervisor's Signature		19. Date

Section IV: Account Specification (to be completed by APC/AOPC)

20. Master Accounting Code/GL Code Maximum 75 characters															
21. Discretionary Code 1 Maximum 12 characters								22. Discretionary Code 2 Maximum 20 characters							
23. Discretionary Code 3 Maximum 15 characters								24. Site ID				25. Card Credit Limit*			
26. Dollars Per Transaction Limit								27. Card Cycle Limit							
28. Number of Transactions Per Cycle								29. Number of Transactions Daily				30. Cash Limit %			
31. Convenience Checks								32. Convenience Checks Max Payment Amount							
Make drop down in PDF in this space															
33. MCC Template 1 Maximum 10 characters								33. MCC Template 2 Maximum 10 characters							
33. MCC Template 3 Maximum 10 characters								33. MCC Template 4 Maximum 10 characters							

Section V: Authorization

34. Agency/Organization Program Coordinator Name*										35. Program Coordinator Signature*										36. Date									
37. Program Coordinator Phone Number*										38. Program Coordinator Fax Number*																			

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Government Liability

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 silver plastic embossed with Government-assigned account number; 3) Non-POS (White): Cannot be used at the point-of-sale; 4) Generic: Plain silver plastic embossed with NON-Government-assigned account number.
2. Corp ID	Applicant's five-digit billing site number (Corp ID number).
3. Reporting Hierarchy	The five-digit reporting code assigned to each level within the organizational hierarchy that defines the card/applicant's relationship within your Company's reporting structure. The company Agency/Organization Program Coordinator will complete this section.
4. Applicant Name	Full name of Applicant – First, Middle Initial and Last. Maximum 24 characters including spaces.
5. Agency/Organization Name	Name of Agency/Organization. Maximum 24 characters including spaces.
6. 4th Line Embossing	Agency, Bureau or Operating Administration name (maximum 24 characters including spaces, i.e., GSA). This appears on the card under the location or department name. This will be Embossed on card beneath name.
7. Last 4 Digits of Social Security Number	Used for card activation and account identification.
8. Secondary Verification Information/Type	<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 (MMYY); BCD - Benefit Comp Date (MMYY); EIN - Employee Identification Number (Last 4); EMPBADGE# - Employee Badge# (Last 4); MMN - Mother's Maiden Name; PSWD - Password; FF - Favorite Food.</p> <p>Section B – Answer to security verification question.</p>
9. Primary Address (Statement Mailing)	Address where the 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.
10. Home Phone	Indicate the business and home phone numbers (including area code) of the individual applying for the card. If a home phone number is not available, enter "N/A" (Not Applicable). 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.
11. Business Phone	
12. Cell Phone	
13. Business E-mail Address	Business e-mail address (maximum 60 characters).
14. Cell Phone Consent	Cell 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. Applicant Signature	The applicant's signature.
17. Date	
18. Approving Supervisor Signature	The applicant's direct manager signature.
19. Date	
20. Master Accounting Code/GL Code	Default accounting code (i.e., general ledger code) for this card's transactions.
21. Discretionary Code 1	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 three different discretionary codes for each card/applicant.
22. Discretionary Code 2	
23. Discretionary Code 3	
24. Site ID	For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes.
25. Card Credit Limit	The spending limit set for applicant to use for charges.
26. Dollars Per Transaction Limit	Single transaction limit, i.e., \$500; this would restrict an applicant from using more than \$500 for a single purchase.
27. Card Cycle Limit	The maximum spending limit set for applicant to use for charges each billing cycle.
28. Number of Transactions Per Cycle	Limit on transactions per billing cycle.
29. Number of Transactions Daily	Limit on transactions per day.
30. Cash Limit %	Indicate the percentage of the total Card Credit Limit (from line 25) that can be used for cash advances. Must be entered as a whole number.
31. 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 30) must be 100.
32. 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 26) on the account.
33. MCC Template	Merchant blocking schemes. For example, AOPC may want to block certain types of merchants from being accessed by Applicant. Contact your Client Account Specialist for your Agency's MCC template.
34. Program Coordinator Name	The name and contact information of the Agency/Organization Program Coordinator completing this section of the setup/application form.
35. Program Coordinator Signature	
36. Date	
37. 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.
38. Program Coordinator Fax Number	Indicate Agency/Organization Program Coordinator fax number.