

CITIBANK® GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	INSTRUCTIONS (please also see "Important Information" at the top of the next page.)
1. To add a new account, Cardholder completes Section IV and signs in Section VI, AOPC completes Sections II, III, and V, then signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax completed form to 605-357-2092 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.	

SECTION II	REPORTING PARAMETERS
*Reporting Hierarchy: (1) _____	
*Processing Unit ID#: (2) _____ (maximum 5 characters)	

SECTION III	(3) *PLASTIC TYPE (Please check one of the following)
Government Standard _____ Quasi-Generic _____ Generic _____	

SECTION IV	CARDHOLDER INFORMATION (Please Print)		
(4) _____			
*First Name of Cardholder	*Middle Initial	*Last Name (maximum 20 characters)	
(5) _____	() _____	() _____	
*Agency/Organization Name (maximum 24 characters)	*Home Phone		
(6) _____	() _____		
4th Line Embossing	*Business Phone		
(7) _____	() _____		
*Statement Mailing Address Line 1 (maximum 36 characters)	Fax Number		
Statement Mailing Address Line 2 (maximum 36 characters)			
*City	*State	*Zip Code	Country
(8) _____	(9) _____	(9) _____	
*Home Street Address Line 1 - no PO Box (maximum 36 characters)	*Social Security Number		
(10) _____	(10) _____		
Home Street Address Line 2 - no PO Box (maximum 36 characters)	*Verification Information		
*City	*State	*Zip Code	Country
(11) _____	(12) _____	(12) _____	
E-mail Address	*Date of Birth (mm/dd/yy)		
(13) _____	(13) _____		
Master Accounting Code (maximum 75 characters)			
(14) _____	(14) _____		
Discretionary Code 1 (maximum 12 characters)	Discretionary Code 2 (maximum 20 characters)		
Discretionary Code 3 (maximum 15 characters)			

SECTION V	AUTHORIZATION PARAMETERS
(15) Dollars per Cycle Limit (Card Limit): \$: _____ (17) ATM Access: Y _____ N _____ Cycle \$ _____	
(16) Dollars per Transaction Limit \$: _____ (18) Number of Transactions: Cycle: _____ Daily: _____	

SECTION VI	(19) CARDHOLDER SIGNATURE
By signing this application, I acknowledge I have read the Citibank® Government Services Travel Card Program <i>Cardholder Account Agreement</i> and agree to be bound by the terms and conditions as set forth in the Agreement.	
*Cardholder Signature _____ Date _____	

SECTION VII	(20) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER
*Approving Agency/Organization Program Coordinator's Signature _____ Date _____	
*Approving Agency/Organization Program Coordinator's Name (printed) _____ Date _____	
*Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) _____	
*Approving Agency/Organization Program Coordinator's Fax Phone Number (with area code or country code) _____	

***Asterisked fields must be completed prior to submission.
Numbers in parentheses correspond to numbers on guide sheet on next page.**

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GUIDE TO CITIBANK® GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

Form for requesting a new individually billed Travel Card.

IMPORTANT INFORMATION about opening a new Citibank® Government 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. We appreciate your cooperation.

Section I – Instructions

Section II - Reporting Parameters

1. **Reporting Hierarchy:** The five-digit reporting code assigned to each level within the organizational hierarchy that defines the card/Cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Manager for your Agency's specific codes.
2. **Processing Unit ID#:** Cardholder's five-digit billing site number (Corp ID number). For shipping to central address(es) as bulk shipment. Contact your Client Account Manager for your Agency's specific codes.

Section III - Plastic Type

3. **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) Generic: Plain silver plastic embossed with NON-Government-assigned account number.

Section IV - Cardholder Information

4. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
5. **Agency/Organization Name:** Name of Agency.
6. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the location or department name.
7. **Statement Mailing Address:** Address where card and statements will be mailed.
8. **Home Street Address:** Required home street address. If home mailing address was input above as your Statement Billing Mailing Address, please include in the Home Mailing Street Address block as well.
9. **Social Security Number:** Used for card activation. Must be the Cardholder's complete nine digit Social Security Number.
10. **Verification Information:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. This can be a Benefit Compensation Date (BCD), mother's maiden name, etc.
11. **E-mail Address:** Business e-mail address.
12. **Date of Birth:** Cardholder's date of birth. Enter information in mm/dd/yy format.
13. **Master Accounting Code:** Default accounting code (i.e., general ledger code) for this card's transactions.
14. **Discretionary Code:** Alpha and/or Numeric Agency-assigned code, individualized to each card/Cardholder. This information appears on the card/Cardholder's profile of information. Note: The Agency may have up to three different discretionary codes for each card/Cardholder.

Section V - Authorization Parameters

15. **Dollars per Cycle Limit (Card Limit) \$:** Cardholder balance limit.
16. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
17. **ATM Access and Limit:** Indicate access to cash advances at Automated Teller Machines and dollar limit per cycle
18. **Number of Transactions:** Number of transactions a Cardholder can perform per monthly cycle or per day.

Section VI - Cardholder Signature

19. **Cardholder Signature:** Cardholder signature required.

Section VII - A/OPC Signature and Phone Number

20. **A/OPC Signature and Date:** Please provide authorized signature, phone and fax number of agency/organization program coordinator and date that the document is submitted.

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