

Corporate Combined Central Billed Travel/ Purchase/One Card

Company Liability

Note: This form should be completed by the Program Administrator with the required information input from the Applicant. Please complete application electronically then print, 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)

1. Agent Numbe	r*					2. Corp ID*										
	Each Hierarchy Leve	l con	sists	of 5	digits	5.										
 Reporting Hierarchy* 	HL1			HL2		HL3		HL4		HL5		HL			HL7	
merarchy																

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

4. Applicant Name* (Provide full name as	it sh	ould aj	opear	r on t	he ca	rd)																											
5. Company Name																																	
6. 4th Line Embossing (This will be embosse																																	
7A. Primary Verificatio	n Info	ormati	ion*				Ma	ke d	rop	lown	in P	DF	in t	his	spa	се				76	8.4[Digit	Valu	ıe*									
8. Primary Address (st	atem	ient m	ailing	g)* –	Addr	ess	mus	t be	U.S.	or U.	S. tei	rrito	ory																				
Street Address Line 1																			 														
Street Line 2																																	
City																																	
State					Zip	Co	de																										
9. Business Phone*														10.	Cel	l Ph	one																
11. Employee ID																																	
12. E-mail Address								·	·						-	-	-	-															
13. Secondary	For	call in	verif	icatio	n ple	ase	seled	ct vei	rifica	tion	type											Pro	ovide	info	orma	tion							
verification information*	13A	Mal	ke dr	op do	wn ii	n PC)F in	this	spa	се									 			138	3т	his :	spac	e ne	eds	text	t fiel	d for	r info	0	

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)

I, the applicant, represent and warrant that all information on this application is true and correct and purchases are to be made for business purposes. I understand that it is my responsibility to notify Citibank at 1-800-248-4553 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. IMPORTANT INFORMATION about opening a Citibank® Corporate Travel Card, One Card, or Purchase Card account: 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 Signature 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. 16. Applicant Signature* 17. Date* 1 1 18. Approving Supervisor's 19. Date / / Signature

Section IV: Account Specification (to be completed by PA)

20. Master Accounti	ng Cod	e/GL Coo	de Max	(imum 1	75 chai	racter	s																								
21. Discretionary Coo	le1 M	laximum	12 chara	cters	22. 0	Discre	tiona	ry C	ode 2	Ма	xim	um 2	0 ch	araci	ters	;															
23. Discretionary Co	de 3	Maximum	n 15 char	acters	r		24	. Mo	nthly	Limit	(CE	3 only	/Cr	redit	Lim	nit (II	B Or	ıly)*	25	0	f the	Limit total le nui	cr	edit I							
26. Single Dollar Tra	nsactio	on Limit	·········												27	7. Da	ily #	Trar	isac	tior	ns Li	mit		28. (Сус	le Tra	ansa	actio	n Li	imit	
29. Bulk Ship ID																															
30. MCC Template 1	Maxin	num 10 ch	naracter	s.								30.	мс	C Ter	npla	ate 2	2 N	1axin	num	10 0	chara	octers	5.								
				PDF dr	op dov	vn in t	his s	pace														P	DF	droj	o do	wn i	n th	is s	pace	e	
30. MCC Template 3	Maxir	mum 10 c	haracter	rs.								30.	MC	C Ter	npla	ate 4	4 A	1axin	านm	10 0	chara	octers	s.								
				PDF dr	op dov	vn in t	his s	pace										T				P	DF	droj	o do	wn i	n th	is s	pace	e	
30. MCC Template 5	Maxir	mum 10 c	haracter	rs.								30.	MC	C Ter	npla	ate (5 N	1axin	านm	10 0	chara	octers	5.						-		
				PDF dr	op dov	vn in t	his s	pace									-	Τ				Р	DF	droj	o do	wn i	n th	is s	pace	e	
30. MCC Template 7	Maxir	mum 10 ci	haracter	rs.								30.	MC	C Ter	npla	ate 8	B A	1axin	านm	10 0	chara	octers	5.								
				PDF dr	op dov	vn in t	his s	pace	•													P	DF	droj	o do	wn i	n th	is s	pace	e	
30. MCC Template 9	Maxir	mum 10 c	haracter	rs.																				_							
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Section V: Authorization (to be completed by PA)

31. Program Administrator Name*						
32. Program Administrator Signature*		33. Date*		/	/	
34. Program Administrator Phone Number*	35. Program Administra	ator	-		-	



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Instructions Page

1. Agent Number	The 4-digit number that identifies the type of plastic you want to issue to the applicant. If you do not know this information you can contact your Client Account Specialist for additional detail.
2. Corp ID	The 5 digit number that identifies the Company account you want the applicant tied to.
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 Program Administrator will complete this section.
4. Applicant name	Full name of Applicant – First, Middle Initial and Last. Maximum 24 characters including spaces.
5. Company Name	Name of Company. 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.
7. Primary Verification Information	Used for card activation. Section A – Select verification type from drop down menu. 1) SSN-Social Security Number (last 4); 2) EIN- Employee Identification Number (last 4). Section B – Enter 4 digit value for the selected verification type.
8. Primary Address (statement mailing)	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.
9. 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.
10. Cell Phone	Indicate the cell phone number (including area code) of the individual applying for the card.
11. Employee ID	Employee identification number (maximum 20 characters).
12. E-mail Address	Business e-mail address (maximum 60 characters).
13. Secondary Verification/Type	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.
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. Only check the box if you wish to receive paper statements and other notices by mail and not comply with the Paper-Free policy.
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
22. Discretionary Code 2	the card/applicant's profile of information. Note: The Agency may have up to three different discretionary codes for each card/applicant.
23. Discretionary Code 3	
24. Monthly Spending Limit/Credit Limit	Monthly spending limit (Corporate Billed only) or Credit Limit (Individually Billed only).
25. Cash Limit %	Indicate the percentage of the total Limit (from line 24) that can be used for cash advances. Must be entered as a whole number.
26. Single Dollar Transactions Limit	Single transaction limit, i.e., \$500; this would restrict applicant from using more than \$500 for a single purchase.
27. Daily # Transactions Limit	Transactions allowed per day.
28. Cycle Transaction Limit	Transactions allowed per billing cycle.
29. Bulk Ship ID	For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes.
30. MCC Template	Merchant blocking schemes. For example, PA may want to block certain types of merchants from being accessed by applicant. Contact your Client Account Specialist for your Agency's MCC template.
31. Program Administrator Name	Print Program Administrator name.
32. Program Administrator Signature	Program Administrator signature.
33. Date	
34. Program Administrator Phone Number	Indicate the business phone number (including area code) of the Program Administrator. For locations outside the U.S., include the applicable two-to-three digit country code.
35. Program Administrator Fax Number	Indicate Program Administrator fax number.