



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
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Section I: Reporting Parameters (to be completed by PA)

1. Agent Number*										2. Corp ID*									
3. Reporting Hierarchy*	Each Hierarchy Level consists of 5 digits.																		
	HL1	HL2	HL3	HL4	HL5	HL6	HL7												

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

4. Applicant Name* <small>(Provide full name as it should appear on the card)</small>																			
5. Company Name																			
6. 4th Line Embossing (24-character maximum) <small>(This will be embossed on card under your name)</small>																			
7A. Primary Verification Information*	Make drop down in PDF in this space											7B. 4 Digit Value*							
8. Primary Address (statement mailing)* – Address must be U.S. or U.S. territory																			
Street Address Line 1																			
Street Line 2																			
City																			
State										Zip Code									
9. Business Phone*										10. Cell Phone									
11. Employee ID																			
12. E-mail Address																			
13. Secondary verification information*		For call in verification please select verification type														Provide information			
		13A Make drop down in PDF in this space														13B This space needs text field for info			

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	<p>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.</p> <p>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 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.</p>																					
	16. Applicant Signature*												17. Date*			/		/				
	18. Approving Supervisor's Signature												19. Date			/		/				

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

20. Master Accounting Code/GL Code <i>Maximum 75 characters</i>																			
21. Discretionary Code 1 <i>Maximum 12 characters</i>										22. Discretionary Code 2 <i>Maximum 20 characters</i>									
23. Discretionary Code 3 <i>Maximum 15 characters</i>										24. Monthly Limit (CB only)/Credit Limit (IB Only)*					25. Cash Limit % <i>Instructions: This value is a % of the total credit limit and must be entered as a whole number.</i>				
26. Single Dollar Transaction Limit										27. Daily # Transactions Limit					28. Cycle Transaction Limit				
29. Bulk Ship ID																			
30. MCC Template 1 <i>Maximum 10 characters.</i>										30. MCC Template 2 <i>Maximum 10 characters.</i>									
PDF drop down in this space										PDF drop down in this space									
30. MCC Template 3 <i>Maximum 10 characters.</i>										30. MCC Template 4 <i>Maximum 10 characters.</i>									
PDF drop down in this space										PDF drop down in this space									
30. MCC Template 5 <i>Maximum 10 characters.</i>										30. MCC Template 6 <i>Maximum 10 characters.</i>									
PDF drop down in this space										PDF drop down in this space									
30. MCC Template 7 <i>Maximum 10 characters.</i>										30. MCC Template 8 <i>Maximum 10 characters.</i>									
PDF drop down in this space										PDF drop down in this space									
30. MCC Template 9 <i>Maximum 10 characters.</i>																			
PDF drop down in this space																			

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 Administrator Fax Number						-			-		



Corporate Combined Central Billed Travel/ Purchase/One Card

Company Liability

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 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. 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.