

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: 6	05-357-2092
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Section I: Reporting Parameters (to be completed by PA)

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1. Agent Numbe	r*				2. Cor	rp ID*															
	Each Hierarchy Leve	cons	ists of	5 digit	s.																
3. Reporting	HL1		Н	L2		HL	3		н	.4				Н	_5		HL	.6		HL7	
Hierarchy*								T		1											
Section II: Ap	pplicant Informatio	n (to	be c	omple	ted by	Applica	int)														
4. Applicant Na	me* name as it should anne	ar on i	the ca	rd)																	

4. Applicant Name* (Provide full name as	it sho	uld ap,	pear on	n the c	ard)																											
5. Company Name																																
6. 4th Line Embossing (This will be embosse																																
7A. Primary Verificatio	n Info	rmatio	n*			Ма	ke dr	op do	wn ir	PD	F in	this	spa	ce					7В	. 4 0	igit	Valu	ıe*									
8. Primary Address (st	ateme	nt ma	iling)*	– Ado	lress	mus	t be L	J.S. or	U.S.	terri	itory																					
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Street Line 2																																
City																																
State				Zi	р Со	de																										
9. Business Phone*												10.	. Cel	l Pho	one																	
11. Employee ID																																
12. E-mail Address																																
13. Secondary	For c	For call in verification please select verification type													Provide information																	
verification information*	13A	Make	e drop	down	in Pl	DF in	this	space	9												13E	3 T	his	spac	e ne	eds	text	fiel	d 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	I understand employer re IMPORTANT To help the information a street add or my emplo	egarding r TINFORM United St that iden Iress, date	ny applio ATION a ates Gov tifies ea e of birth	catior bout ernm ch pe n, and	n informa opening nent fight erson tha I an ident	ation a a Citi t terro t ope tificat	and cha bank® C orism ai ns an ao ion num	orges of the control	made rate Ti oney la nt. Wha such a	by m ravel aund at thi as a S	ne. By sub I Card, Or Iering, Fed is means Social Sed	mitt ne Ca deral for n curity	ing th ird, on law i ne: w num	his a r Pui requ hen nber,	ipplication rchase C uires Citi I open a that Fe	on, i Card or i an a dera	l agre d acco my ei ccoul al law	ee to th ount: mploye nt, Citi v requii	ne fo er to or i res	oreg o obi my e Citi	oing tain, v emplo or my	term verif oyer v em	y, and will as ploye	rec k fo	ord or my	nam	
	16. Applica	nt Signat	ure*													17.	. Dat	e*			/		/				
	18. Approvi Signatu		visor's													19). Dat	e			/		/				
Section IV: A	ccount Spe	ecificati	on (to l	be co	omplete	d by	PA)																				
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			P	DF dr	rop dowr	in th	nis spac	ce																			
Section V: Au	ıthorizatio	n (to be	comple	eted	by PA)																						
31. Program Ad	ministrator N	Name*																									
32. Program Ad	Iministrator	Signature	*												33. Da	te*				/			/				
34. Program Ad Phone Num			_			-				35.	Program Fax Num			strat	tor				-				-				

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.



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Company Liability

Instructions Page

can contact your Client Account Specialist for additional detail. 3. Reporting Hierarchy The Singli Immerbe 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 electronic particles. The company Program Administrator will complete this section. 4. Applicant name Full name of Applicant First, Middle initial and Last Maximum 24 characters including pages. 5. Company Name Name of Company, Maximum 24 characters including spaces. 6. 4th Line Embossing Apency Eurour o Organization Amministration name (maximum 24 characters including spaces, i.e., GSA). This appears on the under the location or operatment name. 7. Primary Verification Information 1. Primary Address (statement mailing) 2. Primary Address (statement mailing) 3. Business Phone Indicate the business phone number (including area code) of the individual applying for the cards for additional time of the applicable for the chief delict outling or the cards access codes comes of the include the applicable for to thrive delict country code. Note an international access code conds of "Or is not required." 10. Cell Phone Indicate the business phone number (including area code) of the individual applying for the card. For is not required. 10. Cell Phone Indicate the cell phone number (including area code) of the individual applying for the card. Employee identification in more delict country code. Note an international access code conds of "Or is not required." 10. Cell Phone 11. Employee ID 12. Email Address 13. Secondary Verification/Type 14. Cell Phone Consent 15. Paper Five Polity 16. Applicant Signature 16. Applicant Signature 17. Paper Five Polity 18. Approxing Supervisor Signature 18. Approxing Supervisor Signature 19. Date 20. Default accounting code (i.e., g	Instructions Page	
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In support of the Paper-Free policy you will receive an e-mail alert when your statement and other notices are available for vion CitiManager upon registration at www.citimanager.com/login. Only check the box if you wish to receive paper statements other notices by mail and not comply with the Paper-Free policy. 16. Applicant Signature 17. Date 18. Approving Supervisor Signature 19. Date 20. Master Accounting Code/GL Code 21. Discretionary Code 1 22. Discretionary Code 1 23. Discretionary Code 2 24. Monthly Spending Limit/Credit Limit 25. Cash Limit % 16. Single Dollar Transactions Limit 26. Single Dollar Transactions Limit 27. Daily # Transactions Limit 28. Cycle Transaction Limit 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 30. Date 31. Program Administrator Name 32. Program Administrator Signature Indicate the business phone number (including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program Administrator. For locations outside the U.S., including area code) of the Program A	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.
on CitiManager upon registration at www.citimanager.com/login. Only check the box if you wish to receive paper statements other notices by mail and not comply with the Paper-Free policy. 16. Applicant Signature 17. Date 18. Approving Supervisor Signature 19. Date 20. Master Accounting Code/GL Code 21. Discretionary Code 1 22. Discretionary Code 2 23. Discretionary Code 3 24. Monthly Spending Limit/Credit Limit 25. Cash Limit % 16. Single Dollar Transactions Limit 26. Single Dollar Transactions Limit 27. Daily # Transactions Limit 28. Cycle Transaction Limit 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 32. Program Administrator Signature 16. Applicant's signature. 17. Date 17. Date 18. Approving Supervisor Signature 19. Date 20. Master Accounting Code (i.e., general ledger code) for this card's transactions. 21. Discretionary Code 1 22. Discretionary Code 2 23. Discretionary Code 2 24. Monthly Spending Limit/Credit Limit Monthly spending limit (Corporate Billed only) or Credit Limit (Individually Billed only). 16. Single Dollar Transactions Limit 17. Single transaction limit, i.e., \$500; this would restrict applicant from using more than \$500 for a single purchase. 27. Daily # Transactions Limit 17. Transactions allowed per day. 28. Cycle Transaction Limit 17. Transactions allowed per day. 29. Bulk Ship ID 20. For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes. 30. MCC Template 31. Program Administrator Name 32. Program Administrator Name 33. Date 34. Program Administrator Signature 34. Program Administrator 19. Transactions outside the U.S., including area code) of the Program Ad	14. Cell Phone Consent	Cell Phone Consent statement.
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