

CITIBANK® COMMERCIAL JOINT/SEVERAL & INDIVIDUAL LIABILITY TRAVEL CARD SETUP FORM

SECTION I	INS new account, Cardholder co				It the top of the next page Sections II III and V then s	
2. Maintain a	a copy in the Cardholder and	d Program Administrator's	files.	•		igno in occiton vii.
3. Fax comp	leted form to 605-335-1417	for regular processing OR	for expedited pr	ocessing fax to 9	04-954-7700	
SECTION II		REPOR	RTING PARAME	TERS		
*Reporting His	erarchy: (1)					
SECTION III	(2) *PLASTIC TYPE	POS ⊠ AGEN	IT #	BANK #		
SECTION IV CARDHOLDER INFORMATION (Please Print)						
(3) *First Name of	of Cardholder	*Midd	le Initial	*1	_ast Name (maximum 25 c	haracters)
(4)				() -	
*Company Na	me (maximum 24 character	rs)		*1	Home Phone	
(5)				() -	
4th Line Embo	ossing (maximum 24 charac	eters)		*E	Business Phone	
(6)				() -	
*Statement Bi	lling Mailing Address Line 1	(maximum 36 characters)		,	Fax Number	
Statement Bill	ling Mailing Address Line 2	(maximum 36 characters)				
		Colorado			United States of A	America
*City		*State	*Zip Co	de	Country	unonou
(7)				(8)		
*Home Mailing	g Street Address Line 1 (ma	ximum 36 characters) NO	PO Box	*	CSU ID	
				(9)		
Home Mailing	Street Address Line 2 (maxi	mum 36 characters)		*\	Verification Information	
		Colorado			United States of A	America
*City		*State	*Zip Co	de	Country	
(10)				(11)	/ / Date of Birth (mm/dd/yy)	
E-mail Addres	SS			*[Date of Birth (mm/dd/yy)	
(12)			(13)			
GL Code (maximum 24 characters) Employee ID (maximum 20 characters)						
SECTION V		AUTHO	RIZATION PAR	<u>AMETERS</u>		
(14) Dollars per Cycle Limit (Card Limit) \$: (15) Dollars per Transaction Limit \$ (16) ATM Access: Y 🗌 N 🗍 Cash %						
(17) MCC Ter	mplate:			(18) Numl	per of Transactions: Cycle:	Daily:
(19) Bulk Ship					,	
` ,		lumber of Books, 0				
(20) Convenience Checks: Y N N Number of Books: 2 0 6 N/A						
SECTION VI		(21) <u>CAF</u>	RDHOLDER SIG	NATURE		
the terms, condunderstand that with my card pu Application about By submitting the or approved.	r, represent and warrant that all ditions and procedures containd it is my responsibility to notify (sursuant to the Citibank Travel & ut me from credit reporting ager his application, you authorize us to not submit this application undecision to deny or approve this signature:	ed in the Citibank Corporate Citibank at 1-800-248-4553 im Entertainment Card Cardhold icies and other sources. to obtain consumer reports on less you agree to these imports on the consumer reports	Travel & Entertain nmediately if my ca ler Account Agreen on you. You also a	ment Card Cardhord is lost or stolen. nent and Citibank (Suthorize us to inform	older Account Agreement that I acknowledge that I will be lia South Dakota), N.A. may verify In your employer whether your	will accompany the card. I ble for all transactions made the information listed on the application has been denied a about me and to notify my
SECTION VII	(22) PRO	GRAM ADMINISTRATOR	SIGNATURE A	ND PHONE NUM	<u>IBER</u>	
* Program Ad	ministrator's Signature					Date
* Program Ad	ministrator's Name (printed)					Date
* Program Ad	ministrator's Business Phon	e Number ()	-	Fax	_(

Joint & Several and Individual Liability Application

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



GUIDE TO CITIBANK® CORPORATE TRAVEL CARD SETUP FORM

Form for requesting a new Travel Card.

IMPORTANT INFORMATION about opening a new Citibank® Corporate 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 Company's reporting structure. Up to seven five-digit codes may be assigned to your Company. Contact your Client Account Manager for your Company's specific codes.

Section III - Plastic Type

2. Plastic Type: Card type selection: 1) POS: for use at point-of-sale. [only option for this card type]

Section IV - Cardholder Information

- 3. Name of Cardholder: Full name of Cardholder First, Middle Initial and Last.
- Company Name and Home Phone Number: Name of Company. Provide home phone number of cardholder including area code.
- 5. 4th Line Embossing and Business Phone Number: This appears on the card under the cardholder's name. (maximum 24 characters including spaces). Provide business phone number of cardholder including area code.
- **6. Statement Billing Mailing Address and Business Fax Number:** Address where card and statements will be mailed. (maximum 36 characters per line including spaces). Provide business fax number of cardholder including area code.
- Home Mailing Street Address: Required home street address. No PO Box (maximum 36 characters per line including spaces).
- 8. Social Security Number: Used for card activation. Must be the Cardholder's Social Security Number.
- 9. Verification Information: Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. This can be mmn, employee number, etc.
- 10. E-mail Address: Business e-mail address.
- **11. Date of Birth:** Cardholder's date of birth. Enter information in mm/dd/yy format.
- 12. GL Code: General ledger accounting code for this card's transactions.
- 13. Employee ID: Client defined.

Section V - Authorization Parameters

- 14. Dollars per Cycle Limit (Card Limit) \$: Cardholder balance limit.
- **15. Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
- 16. ATM Access and Limit: Indicate access to cash advances at Automated Teller Machines and cash percent. The STMP Cash Access Activation Authorization form is required for processing. The Entity may have a Master agreement on file w/STMP to authorize all cards be established with this option. Contact: STMP @ 303-866-3986 for guidance if TCD/PA is not available.
- 17. MCC Template: Blocking restriction to be tied at the cardholders account.
- 18. Number of Transactions: Number of transactions a Cardholder can perform per monthly cycle or per day.
- 19. Bulk Ship ID: ID for Bulk shipment of card.
- 20. Convenience Checks: Not available for this card type.

Section VI - Cardholder Signature

21. Cardholder Signature: Signature required.

Section VII - PA Signature

22. Program Administrator's Signature and Phone Number: Program Administrator must sign for approval, and must also print his or her name. The PA's business phone and fax number is also requested.