



Government Travel Card Individual Liability

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 my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the Citi Government Services Travel Card Program Cardholder Account Agreement that will accompany the card. I understand that it is my responsibility to notify Citi at 1-800-790-7206 (overseas call collect at 904-954-7850) immediately if my card is lost or stolen. I acknowledge that I will be liable for all transactions made with my card pursuant to the Citi Government Services Travel Card Program Cardholder Account Agreement and Citi may verify the information listed on the Application about me from credit reporting agencies and other sources.</p> <p>By submitting this application I, the applicant, authorize Citi to inform my employer whether my application has been denied or approved.</p> <p>IMPORTANT INFORMATION about opening a Citibank® Government Travel 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>											
	19. Applicant Signature*									20. Date		
	21. Approving Supervisor's Signature									22. Date		

Section IV: Account Specification (to be completed by APC/AOPC)

23. Master Accounting Code/GL Code <i>Maximum 75 characters</i>											
24. Discretionary Code 1 <i>Maximum 12 characters</i>				25. Discretionary Code 2 <i>Maximum 20 characters</i>				26. Site ID			
27. Discretionary Code 3 <i>Maximum 15 characters</i>						28. Card Credit Limit*			29. Dollars Per Transaction Limit		
30. Number of Transactions Per Cycle						31. Number of Transactions Daily					
32. Cash Limit %											
33. MCC Template 1 <i>Maximum 10 characters</i>						33. MCC Template 2 <i>Maximum 10 characters</i>					
33. MCC Template 3 <i>Maximum 10 characters</i>						33. MCC Template 4 <i>Maximum 10 characters</i>					

Section V: Authorization (to be completed by APC/AOPC)

34. Program Coordinator Name*						35. Program Coordinator Signature*						36. Date		
37. Program Coordinator Phone Number*						38. Program Coordinator Fax Number								



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Instructions Page

1. 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.
2. Corp ID	Applicant's five-digit billing site number (Corp ID number).
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. Agency/Organization Name	Name of Agency/Organization. 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. This will be Embossed on card beneath name.
7. Applicant SSN	Used for card activation and applicant identification.
8. Date Of Birth	Used for applicant identification.
9. 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.
10. Home Address (No PO Box)	If home mailing address was input above as your Primary Address, please include in the Home Address field as well.
11. Home Phone	Indicate the business and home phone numbers (including area code) of the individual applying for the card. If a home phone number is not available, enter N/A (Not Applicable). 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.
12. Business Phone	
13. Cell Phone	
14. E-Mail Address	Business e-mail address. (maximum 60 characters)
15. Secondary Verification Information/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: DOH – Date of Hire (MMYY); BCD – Benefit Comp Date (MMYY); EIN – Employee Identification Number (Last 4); EMPBADGE# – Employee Badge# (Last 4); MMN – Mother's Maiden Name; PSWD – Password; FF – Favorite Food
	Section B – Answer to security verification question.
16. Cell Phone Consent	Cell Phone Consent statement.
17. 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 .
18. Credit Report Authorization	Indicate Credit Report Authorization agreed to by choosing option A or B.
19. Applicant Signature	The applicant's signature.
20. Date	
21. Approving Supervisor Signature	The applicant's direct manager signature.
22. Date	
23. Master Accounting Code/GL Code	Default accounting code (i.e., general ledger code) for this card's transactions.
24. 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.
25. Discretionary Code 2	
26. Site ID	For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes.
27. Discretionary Code 3	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.
28. Card Credit Limit	Spending limit.
29. Dollars Per Transaction Limit	Single transaction limit, i.e., \$500; this would restrict a Applicant from using more than \$500 for a single purchase.
30. Number of Transactions Cycle	Limit on transactions per cycle.
31. Number of Transactions Daily	Limit on transactions per day.
32. Cash Limit %	Indicate the percentage of the total Card Credit Limit (from line 28) that can be used for cash advances. Must be entered as a whole number.
33. MCC Template	Merchant blocking schemes. For example, AOPC may want to block certain types of merchants from being accessed by applicant. Contact your Client Account Specialist for your Agency's MCC template.
34. Program Coordinator Name	The name and contact information of the Agency/Organization Program Coordinator completing this section of the setup/application form.
35. Program Coordinator Signature	
36. Date	
37. Program coordinator phone number	The A/OPC's business phone and fax number is also requested.
38. Program coordinator fax number	