

Government Travel Card Individual Liability

Note: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Applicant. Please complete the application by typing in the data and printing to sign and fax. ONLY FAX to (605)-357-2092. Required fields denoted by an asterisk "*". Form will be returned if required fields are not completed. See page 3 for instructions.

| Section I: Reportin | g Parameters | (to be completed b | y APC/AOPC) |
|---------------------|--------------|--------------------|-------------|
|---------------------|--------------|--------------------|-------------|

| Section I: Rep | ortir | ng P | ara | mete | ers | (tc | be | cor | npi | etec | d b | y A | PC. | /AC | PC | :) | | | _ | | | | | | | | | | | | | | | | | | | 1 | | |
|------------------------------|---------|--------|--------|---------|-----|-------|------|-------|-------|-------|-------|-------|------|-------|-------|-------|-----|------|-------|------|-------|-----|-------|-------|------|------|------|-------|------|--------------|------|-------|------|------|------|------|-------|-----|---|---------|
| 1. Plastic Type* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Corp ximu | | cha | rac | ters | 5 | | | | | |
| | Spe | cify t | he c | omple | ete | 5-d | igit | acco | unt | Hier | arc | hy L | eve. | el (H | IL) n | umb | ers | tha | nt pe | erta | in to | you | ır or | gar | niza | atio | n. E | ach I | Hier | arch | y Le | vel d | cons | sist | s of | 5 di | gits. | | | |
| 3. Reporting Hierarchy* | | ŀ | HL1 | | | | | HL | 2 | | | | | HL | 3 | | | | | HL | 4 | | | | | Н | L5 | | | | | HL6 | 5 | | | | | HL7 | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Section II: Ap | plica | nt I | nfo | rmat | ior | n (t | o be | е со | mp | lete | d Ł | y A | lpp | lica | ant) |) | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Applicant Nan | ne* (F | rovio | de ful | l name | as | it sh | ould | арре | ear o | n the | ca | rd) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Agency/Orgar | nizatio | on N | ame | * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. 4th line embo | | | | | | | | ie | | | | | | | | | | T | T | | | | | | | | | | | Τ | Τ | | T | | | | | Π | | |
| 7. Applicant SSN | 1* | | | | | | - | | | - | | | | | | 8. | Dat | te o | f Bi | irth | * (M | MDI | DYY' | YY) |) | | | | | | | | | | | | | | | |
| 9. Primary Addr | ess (s | tate | mer | nt mai | lin | g)* | - A | ddre | ss m | nust | be | U.S. | or | U.S. | . ter | ritor | у | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | 1 | | | | | | | _ | | | | | | T | | | | | | | T | | | | | | | | | |
| Line 1 | | | | | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | L | | | _ |
| Street Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \perp |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State | | | Zip | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Home Addre | ss (no | PO | Вох |)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address Line 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Line 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | · | | | | · | | | | • | • | |
| State | | | Zip | Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Home Phone* | * | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Business Phon | ne* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Cell Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. E-mail Addres | SS | | | | | | | | , | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Secondary | | For c | all in | n verif | ica | tion | ple | ase s | eled | t ve | rific | catio | on t | уре. | | | | | | | | Pro | ovide | e ini | fori | mat | ion | | | | | | | | | | | | | |
| verification information* | | 15A | | | | | | | | | | | | | | | | | | | | 15 | В | | | | | | | | | | | | | | | | | |
| Section III: Ap | pplic | ant | Cor | sent | Si | and | Ac | ree | me | nts | (to | be | cc | mp | lete | ed b | y A | ۱pp | lica | ant |) | | | | | | | | | | | | | | | | | | | |

| 16. Cell Phone Consent | your wireless devi- | ce. Please be a | of your card, we may notify you about important updates on your account via SMS text message to, or by calling, dvised that normal cell phone charges may apply. Should you prefer to not receive these notifications on your to opt out by emailing us at <code>OptOutcellconsent@citi.com</code> . |
|---------------------------|--|---|---|
| 17. Paper-Free Policy | certain notices, inc Paperless" box is s available electroni | cluding legal n selected, you w cally now or in | er at www.citimanager.com/login in order to view your card account billing statement ("statement") and otices, for your card account ("notices") electronically. Once you register your account and ensure that the "Go vill receive your statements and notices electronically. Your statement as well as any notices that Citi makes the future will be available to you for viewing on the CitiManager web site and will not be mailed to you, and Citime e-mail address(es) on file with Citi when your statement or a notice is ready for viewing. |
| 18. Credit | | □ A | I, as the applicant, authorize Citi to obtain credit reports on me. |
| Report Authorization* | Select A or B | □В | I, as the applicant, DO NOT authorize Citi to obtain credit reports on me. Therefore, I will not be eligible for a standard card. |



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Section III: Applicant Consents and Agreements (to be completed by Applicant – Continued)

| | constitute my agreement with the term Account Agreement that will accompai 904-954-7850) immediately if my card | that all information on this application is true and correct, and my use of this, conditions and procedures contained in the Citi Government Services Trapy the card. I understand that it is my responsibility to notify Citi at 1-800-79 is lost or stolen. I acknowledge that I will be liable for all transactions made ram Cardholder Account Agreement and Citi may verify the information liste urces. | ovel Card Program (90-7206 (overseas o with my card purs | Cardholder call collect at uant to the Citi | | | | | | | | |
|-----------|---|---|---|---|--|--|--|--|--|--|--|--|
| | By submitting this application I, the ap | ting this application I, the applicant, authorize Citi to inform my employer whether my application has been denied or approved. | | | | | | | | | | |
| Signature | To help the United States Government information that identifies each persor name, a street address, date of birth, a | ning a Citibank® Government Travel Card account: fight terrorism and money laundering, Federal law requires Citi or my emplo I that opens an account. What this means for me: when I open an account, C Ind an identification number, such as a Social Security number, that Federal I Isk to see my driver's license or other identifying documents that will allow C | iti or my employer law requires Citi or | will ask for my my employer to | | | | | | | | |
| | | | 20. Date | | | | | | | | | |
| | 19. Applicant Signature* | | 1 | / | | | | | | | | |
| | 21. Approving Supervisor's | | 22. Date | | | | | | | | | |
| | Signature | | / | / / | | | | | | | | |

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

| 23. Master Accounting Co | ode/GL Code Maximum 7 | 75 characters | | | |
|--------------------------|-----------------------|--------------------------------|---------------------|-----------------------------|-------------|
| | | | | | |
| 24. Discretionary Code 1 | Maximum 12 characters | 25. Discretionary Code 2 Maxim | um 20 characters | | 26. Site ID |
| | | | | | |
| 27. Discretionary Code 3 | Maximum 15 characters | 28. Card Credit Limi | t* | 29. Dollars Per Transaction | Limit |
| | | | | | |
| 30. Number of Transactio | ns Per Cycle | | 31. Number of Trans | sactions Daily | |
| | | | | | |
| 32. Cash Limit % | | | | | |
| | | | | | |
| 33. MCC Template 1 Max | imum 10 characters | | 33. MCC Template 2 | 2 Maximum 10 characters | |
| | | | | | |
| 33. MCC Template 3 Max | ximum 10 characters | | 33. MCC Template 4 | Maximum 10 characters | |
| | | | | | |

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

| 34. Program Coordinator Nar | | | | | | gram Coordinator Signature* | | | Dat | | | | |
|--|--|---|------|---|--|---------------------------------------|------|---|---------|---|---|---|--|
| | | | | | | | | | | / | | / | |
| 37. Program Coordinator Phone Number* | | - | | - | | 38. Program Coordinator Fax Number | | - | | | - | | |



Government Travel Card Individual Liability

Instructions Page

| 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 |
| 12. Business 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. |
| 13. Cell Phone | Indicate the cell phone number (including area code) of the individual applying for the card. |
| 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. |
| illiotiliation, type | 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 | |
| 25. Discretionary Code 2 | 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. |
| 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 |
| 35. Program Coordinator Signature | setup/application form. |
| | Setap/application form. |
| 36. Date | Scrappication is in: |
| | The A/OPC's business phone and fax number is also requested. |