CITIBANK® COMMERCIAL CARD Joint/Several & Individual LIABILITY Travel SETUP FORM

SECTION I **INSTRUCTIONS (Please also see "Important Information" at the top of the next page.)**

1. To add a new account, Cardholder completes Section IV and signs in Section VI, PA completes Sections II, III and V, then signs in Section VII.
2. Maintain a copy in the Cardholder and Program Administrator's files.
3 Return to Purchasing Office for processing

SECTION II **REPORTING PARAMETERS**

*Reporting Hierarchy: (1) _____ _____ _____ _____ _____ _____ _____

SECTION III **(2) *PLASTIC TYPE** (Please check one of the following)

POS ☐ White Plastic ☐ AGENT # _____ BANK # _____

SECTION IV **CARDHOLDER INFORMATION** (Please Print)

(3) _____

***First** Name of Cardholder ***Middle** Initial ***Last** Name (maximum 25 characters)

(4) _____

*Company Name (maximum 24 characters)

( ) -

*Business Phone

(6) _____ ( ) -

*Statement Billing Mailing Address Line 1 (maximum 36 characters) Fax Number

*City *State *Zip Code Country

(7) _____

Last 4 of Employee ID

(9) _____ (10) / /

E-mail Address Date of Birth (mm/dd/yy) - OPTIONAL

SECTION V **AUTHORIZATION PARAMETERS**

(13) Dollars per Cycle Limit (Card Limit) $: _____ (14) Dollars per Transaction Limit $: _____ (15) ATM Access: Y ☐ N ☐ Cash % ___

(16) MCC Template: _____ (17) Number of Transactions: Cycle: _____ Daily: _____

(18) Bulk Ship ID: _____ (

(19) Convenience Checks: Y ☐ N ☐ Number of Books: 2 ☐ 6 ☐

SECTION VI **(21) CARDHOLDER SIGNATURE**

I, the cardholder, 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 Citibank Commercial Card Cardholder Account Agreement that will accompany the card. I understand that it is my responsibility to notify Citibank at 1-800-248-4553 immediately if my card is lost or stolen.

*Cardholder Signature _____ Date _____

SECTION VII **(22) PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER**

* Program Administrator's Signature _____ Date _____

* Program Administrator's Name (printed) _____ Date _____

* Program Administrator's Business Phone Number ( ) - _____ Fax ( ) - _____

Corporate Application

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

SUPERVISOR SIGNATURE _____