



CITIBANK® COMMERCIAL BILLING ACCOUNT SETUP FORM

SECTION I

INSTRUCTIONS

- To add a new billing account, the PA completes all Sections.
- Maintain a copy in the Program Administrator's files.
- Fax completed form to 904 - 954 - 7700.

If you have any questions regarding one of the Sections below please contact your Client Account Manager.

SECTION II

REPORTING PARAMETERS

*Reporting Hierarchy: (1) _____

SECTION III

BILLING INFORMATION (Please Print)

(2)

*Company Name (maximum 24 characters)

(3)

*Billing Recipient (maximum 24 characters)

(4)

*Verification

(5)

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

(6) () -

*Business Phone

Statement Billing Mailing Address Line 2 (maximum 36 characters)

(7) () -

*Fax Number

(8)

If this billing site is being created for an affiliate or entity of an existing Citi Client, please provide the Tax Identification Number (TIN) for this entity.

SECTION IV

AUTHORIZATION PARAMETERS

(9) MCC Template (if tied at Company level): _____

SECTION V

OPTIONAL MASS MAILING ADDRESS INFORMATION (Please Print)

(10) Card mailing option are as follow: New Cards Reissue Cards Special Cards

(11)

Company Name (maximum 24 characters)

(12)

Credit Card Recipient (maximum 24 characters)

(13)

Credit Card Mailing Address Line 1 (maximum 36 characters)

Credit Card Mailing Address Line 2 (maximum 36 characters)

City	Colorado	Zip Code	United States of America
	State		Country

SECTION VI

(14) TERM AND CONDITIONS

I have full authority to sign this form and change the information on the company's behalf. All of the information is true and correct in all respects.

* Program Administrator's Signature _____ Date _____

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

* Program Administrator's Business Phone Number (with area code or country code) () - _____

* Program Administrator's Fax Phone Number (with area code or country code) () - _____

Billing Account Set Up Application

***Asterisked fields must be completed prior to submission.**

Numbers in parentheses correspond to numbers on guide sheet on next page.

© 2005 Citicorp. All rights reserved.

CITIBANK, CITIGROUP and the Umbrella Device are trademarks and service marks of Citicorp or its affiliates and are used and registered throughout the world.



**GUIDE TO
CITIBANK® CORPORATE BILLING ACCOUNT SETUP FORM**

Form for requesting a new Corporate Billing Account.

Section I – Instructions

Section II - Reporting Parameters

1. **Reporting Hierarchy:** The five-digit reporting code assigned to the billing level within the organizational hierarchy.

Section III – Billing Information

2. **Company Name:** New billing account name. (maximum 24 characters including spaces).
3. **Recipient Name:** Name of billing recipient.
4. **Verification:** Billing recipient verification information. This can be mmn, ssn, employee number, etc
5. **Statement Billing Mailing Address:** Address where card and statements will be mailed. (maximum 36 characters per line including spaces).
6. **Business Phone:** Recipient business phone number.
7. **Fax Number:** Recipient fax number.
8. **TIN:** Tax Identification Number

Section IV - Authorization Parameters

9. **MCC Template:** Template to be tied at the Company level.

Section V – Optional Mass Mailing Address Information

10. **Site Address Usage:** You can pick one, two or all three options below. If you mark 1 or more option(s) please complete the rest of the information in Section V. If you do not require bulk ship of your cards, please leave Section V blank.
New Cards – All new cards sent bulk shipped to recipient listed.
Reissue Cards – All expired cards at time of reissue sent bulk shipped to recipient listed.
Special Cards – All replacement cards sent bulk shipped to recipient listed.
11. **Company Name:** New billing account name. (maximum 24 characters including spaces).
12. **Credit Card Recipient Name:** Name of person to received credit cards.
13. **Statement Billing Mailing Address:** Address where card and statements will be mailed. (maximum 36 characters per line including spaces).

Section VI – PA Signature

14. **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.

© 2005 Citicorp. All rights reserved.

Billing Account Set Up Application