

## CITIBANK® GOVERNMENT PURCHASE CARD SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input by the Cardholder.

<b>SECTION I</b>	<b><u>INSTRUCTIONS</u></b>
1. To add a new account, Cardholder completes Section IV and signs in Section VI, A/OPC completes Sections II, III, and V, then signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax completed form to 605-357-2092 or mail to Citibank® Government Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.	

<b>SECTION II</b>	<b><u>REPORTING PARAMETERS</u></b>
*Reporting Hierarchy: (1) _____ *Processing Unit ID#: (2) _____ (maximum 5 characters)	

<b>SECTION III</b>	(3) <b><u>*PLASTIC TYPE</u></b> (Please check one of the following)
Government Standard _____ Quasi-Generic _____ Non-POS (White) _____	

<b>SECTION IV</b>	<b><u>CARDHOLDER INFORMATION</u></b> (Please Print)		
(4) _____	*First Name of Cardholder	*Middle Initial	*Last Name (maximum 20 characters)
(5) _____	*Agency/Organization Name (maximum 24 characters)		(6) ( ) _____ *Business Phone
(7) _____	4th Line Embossing (maximum 20 characters/data on Front of Card)		(8) ( ) _____ Fax Number
(9) _____	*Business Mailing Street Address Line 1 (maximum 36 characters)		(10) _____ Last 4 digits of Social Security Number
(11) _____	Business Mailing Street Address Line 2 (maximum 36 characters)		*Verification Information/Service Compensation Date (SCD)
*City	*State	*Zip Code	Country
(12) _____	E-mail Address		
(13) _____	Master Accounting Code (maximum 75 characters)		
(14) _____	Discretionary Code 1 (maximum 12 characters)		(14) _____ Discretionary Code 2 (maximum 20 characters)
(14) _____	Discretionary Code 3 (maximum 15 characters)		

<b>SECTION V</b>	<b><u>AUTHORIZATION PARAMETERS</u></b>		
(15) *Cycle Limit \$: _____	(19) *MCC Template Name: _____		
(16) Dollars per Transaction Limit \$: _____	(20) If eligible for Convenience Checks, maximum payment amount equals \$: _____		
(17) Number of Transactions per Cycle: _____	(21) Convenience Checks: Y _____ N _____	2 Bks _____	6 Bks _____
(18) Number of Transactions per Day: _____			

<b>SECTION VI</b>	(22) <b><u>CARDHOLDER SIGNATURE</u></b>
I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify Citibank at 800-790-7206, (overseas call collect at 904-954-7850) immediately if my card is lost or stolen.	
*Cardholder Signature _____ Date _____	

<b>SECTION VII</b>	(23) <b><u>AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER</u></b>		
*Approving Agency/Organization Program Coordinator's Signature _____		Date _____	
*Approving Agency/Organization Program Coordinator's Name (printed) _____		Date _____	
*Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) _____			
*Approving Agency/Organization Program Coordinator's Fax Phone Number (with area code or country code) _____			

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

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## GUIDE TO CITIBANK<sup>®</sup> GOVERNMENT PURCHASE CARD SETUP FORM

Form used for a new Purchase Card applicant.

### 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 Cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Manager for your Agency's specific codes.
2. **Processing Unit ID#:** Cardholder's five-digit billing site number (Corp ID number). For shipping to central address(es) as bulk shipment. Contact your Client Account Manager for your Agency's specific codes.

#### Section III - Plastic Type

3. **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) Non-POS (White): Issued for Centrally Billed Accounts; **cannot** be used at the point-of-sale.

#### Section IV - Cardholder Information

4. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
5. **Agency/Organization Name:** Name of Cardholder's Agency.
6. **Business Phone:** Area code and business phone number.
7. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, e.g., GSA). This appears on the card under the Cardholder's name.
8. **Fax Number:** Area code and fax number.
9. **Business Mailing Street Address:** Address where the card and statements will be mailed.
10. **Last Four Digits of Social Security Number:** Used for card activation. Cardholder provides the last four digits of his/her Social Security number.
11. **Verification Information:** Service Compensation Date (SF50 Form). This information will be requested of the Cardholder when he/she contacts Citibank Customer Service for assistance.
12. **E-mail Address:** Cardholder's e-mail address.
13. **Master Accounting Code:** Default accounting code (i.e., general ledger code) for this Cardholder's transactions. Maximum 75 characters including spaces.
14. **Discretionary Code:** Alpha and/or Numeric Agency-assigned code. This information appears on the Cardholder's profile.  
**Note:** The Agency may have up to three different discretionary codes for each Cardholder.

#### Section V - Authorization Parameters

15. **Cycle Limit \$:** Monthly spending limit.
16. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
17. **Number of Transactions per Cycle:** Number of transactions a Cardholder can perform per monthly cycle.
18. **Number of Transactions per Day:** Number of transactions a Cardholder can perform per day.
19. **MCC Template Name:** Merchant blocking schemes. For example, Agency/Organization Program Coordinator may want to block certain types of merchants from being accessed by the Cardholder. Contact your Client Account Manager for your Agency's MCC template names.
20. **If eligible for Convenience Checks, maximum payment amount equals \$:** Indicate "not to exceed" dollar amount to be printed on the check. This serves as notification for the merchant.
21. **Convenience Checks:** Indicate access to convenience checks ("Y" for "yes" and "N" for "no"). Indicate number of checkbooks to be issued. Note: Each checkbook contains twenty-five (25) checks.

#### Section VI - Cardholder Signature

22. **Cardholder Signature:** Cardholder must sign for acknowledgement.

#### Section VII - A/OPC Signature

23. **Approving Agency/Organization Program Coordinator's Signature:** The Agency/Organization Program Coordinator must sign for approval. The A/OPC must also print his or her name.

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