

CITIBANK® GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

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

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, AOPC 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 your Agency/Organization Program Coordinator.	

SECTION II	REPORTING PARAMETERS
*Reporting Hierarchy: (1)	<u>21300</u> <u>83049</u> _____
*Processing Unit ID #: (2)	<u>83049</u> (maximum 5 characters)

SECTION III	(3) *PLASTIC TYPE (Please check one of the following)
	Government Standard <input checked="" type="checkbox"/> X Quasi-Generic _____ Generic _____

SECTION IV	CARDHOLDER INFORMATION
(4)	*First Name of Cardholder _____ *Middle Initial _____ *Last Name (maximum 20 characters) _____
(5)	*Agency/Organization Name (maximum 24 characters) _____ *Home Phone _____
(6)	4th Line Embossing _____ *Business Phone _____
(7)	*Home Mailing Street Address Line 1 (maximum 36 characters) _____ Fax Number _____ Your statement is mailed to this address; PO Boxes cannot be used.
	Home Mailing Street Address Line 2 (maximum 36 characters) _____ *Social Security Number _____ (8)
	*City _____ *State _____ *Zip Code _____ Country _____
(9)	*Business Address Line 1 (maximum 36 characters) _____ (10)
	Business Address Line 2 (maximum 36 characters) _____ *Verification Information (Mother's Maiden Name) _____
	*City _____ *State _____ *Zip Code _____ Country _____
(11)	E-mail Address _____ (12) _____
	*Date of Birth (mm/dd/yy) _____

SECTION V	(19) CARDHOLDER SIGNATURE
By signing this application, I acknowledge I have read the Citibank® Government Services Travel Card Program <i>Cardholder Account Agreement</i> and agree to be bound by the terms and conditions as set forth in the Agreement.	
*Cardholder Signature _____	Date _____

SECTION VI	AUTHORIZATION PARAMETERS - COMPLETED BY AOPC
(13) Dollars per Cycle Limit (Card Limit) \$: _____	(15) ATM Access: Y _____ N _____ Cycle \$ _____
(14) Dollars per Transaction Limit \$: _____	(16) Number of Transactions: Cycle: _____ Daily: _____

SECTION VII	(20) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER
*Approving Agency/Organization Program Coordinator's Signature _____	
*Date _____	
*Approving Agency/Organization Program Coordinator's Business Phone Number (with area code or country code) <u>202-482-3267</u>	
*Approving Agency/Organization Program Coordinator's Fax Phone Number (with area code or country code) <u>202-482-1584</u>	