

ITA-2065 (6/00) GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SET-UP FORM

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

SECTION I	INSTRUCTIONS
1. To add a new account, Cardholder completes Section 11 and signs in Section VI, AOPC complete Sections III through V and sign in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax to (904) 954-871 0 or Mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134	

SECTION 11	CARDHOLDER INFORMATION (Please Print)		
*Last Name of Cardholder	*First Name	*Middle Initial (maximum 20 characters)	
*Agency/Organization Name (maximum 24 characters)		*Verification Information	
4th Line Embossing		Social Security Number	
*Home Mailing Street Address Line 1 (maximum 36 characters)		*Home Phone	
*Home Mailing Street Address Line 2 (maximum 36 characters)			
*City	*State	*Zip Code	Country
*Business Mailing Street Address Line 1 (maximum 36 characters)		* Business Phone	
*Business Mailing Street Address Line 2 (maximum 36 characters)			
*City	*State	*Zip Code	Country
		Yes No	
Email Address		City Pair Program (check one)	
		N/A	
Fax Number		Discretionary Code 1 (maximum 1 2 characters)	
N/A		N/A	
Discretionary Code 2 (maximum 20 characters)		Discretionary Code 3 (maximum 1 5 characters)	
N/A			
Master Accounting Code (maximum 75 characters)			

SECTION III	REPORTING PARAMETERS
*Reporting Hierarchy: <u>21300</u> <u>83049</u> _____	
*Card Delivery ID#: <u>N/A</u> (maximum 5 characters)	

SECTION IV	AUTHORIZATION PARAMETERS
Dollars per Transaction Limit: <u>N/A</u>	Travellers Cheques y _____ IN <u>X</u>
Dollars per Cycle Limit: <u>N/A</u>	ATM Access: y <u>X</u> IN _____
Number of Transactions: Daily <u>N/A</u> Cycle <u>N/A</u>	ATM Access Limit: Daily _____ Weekly <u>\$1,000.00</u> Cycle _____

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

SECTION VI	CARDHOLDER SIGNATURE
By signing this application, I acknowledge I have read the Citibank Government Card Services Travel Program Cardholder Account Agreement and aciree to be bound by the terms and conditions as set forth in the Agreement.	
*Cardholder Signature _____	Date _____

SECTION VII	AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE
*Approving Agency/Organization Program Coordinator's Signature _____	Date _____

*Asterisked fields must be completed prior to submission