



Corporate Combined Central Billed Travel/ Purchase/One Card Company Liability

Note: This form should be completed by the Program Administrator with the required information input from the Applicant. Please complete application electronically then print, sign and fax. Please see page 3 for instructions. ONLY FAX to (605)-357-2092. Required fields denoted by an asterisk "**". Form will be returned if required fields are not completed.

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|-------------|---------------------|
| Fax: | 605-357-2092 |
|-------------|---------------------|

Section I: Reporting Parameters (to be completed by PA)

| | | | | | | | | | | | | | | |
|-------------------------|--|-----|-----|-----|-------------|-----|-----|--|--|--|--|--|--|--|
| 1. Agent Number* | | | | | 2. Corp ID* | | | | | | | | | |
| 3. Reporting Hierarchy* | Each Hierarchy Level consists of 5 digits. | | | | | | | | | | | | | |
| | HL1 | HL2 | HL3 | HL4 | HL5 | HL6 | HL7 | | | | | | | |

Section II: Applicant Information (to be completed by Applicant)

| | | | | | | | | | | | | | |
|--|--|--|--|--|-------------------------------------|--|----------------|--|--|--|--|--|--|
| 4. Applicant Name* <i>(Provide full name as it should appear on the card)</i> | | | | | | | | | | | | | |
| 5. Company Name | | | | | | | | | | | | | |
| 6. 4th Line Embossing (24-character maximum) <i>(This will be embossed on card under your name)</i> | | | | | | | | | | | | | |
| 7A. Primary Verification Information* | | | | | Make drop down in PDF in this space | | | | | 7B. 4 Digit Value* | | | |
| 8. Primary Address (statement mailing)* – Address must be U.S. or U.S. territory | | | | | | | | | | | | | |
| Street Address Line 1 | | | | | | | | | | | | | |
| Street Line 2 | | | | | | | | | | | | | |
| City | | | | | | | | | | | | | |
| State | | | | | Zip Code | | | | | | | | |
| 9. Business Phone* | | | | | | | 10. Cell Phone | | | | | | |
| 11. Employee ID | | | | | | | | | | | | | |
| 12. E-mail Address | | | | | | | | | | | | | |
| 13. Secondary verification information* | | | | | | | | | | | | | |
| For call in verification please select verification type | | | | | | | | | | | | | |
| 13A Make drop down in PDF in this space | | | | | | | | | | 13B This space needs text field for info | | | |

Section III: Applicant Consents and Agreements (to be completed by Applicant)

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|------------------------|---|
| 14. Cell Phone Consent | As a service and upon activation of your card, we may notify you about important updates on your account via SMS text message to, or by calling, your wireless device. Please be advised that normal cell phone charges may apply. Should you prefer to not receive these notifications on your wireless device, you may choose to opt out by emailing us at optoutcellconsent@citi.com . |
| 15. Paper-Free Policy | You must register for CitiManager at www.citimanager.com/login in order to view your card account billing statement ("statement") and certain notices, including legal notices, for your card account ("notices") electronically. Once you register your account and ensure that the "Go Paperless" box is selected, you will receive your statements and notices electronically. Your statement as well as any notices that Citi makes available electronically now or in the future will be available to you for viewing on the CitiManager web site and will not be mailed to you, and Citi will send you an e-mail alert to the e-mail address(es) on file with Citi when your statement or a notice is ready for viewing. |



Corporate Combined Central Billed Travel/ Purchase/One Card Company Liability

Section III: Applicant Consents and Agreements (to be completed by Applicant – Continued)

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|-----------|---|--|--|--|--|--|--|--|--|--|--|--|-----------|--|--|---|--|---|--|--|--|--|
| Signature | <p>I, the applicant, represent and warrant that all information on this application is true and correct and purchases are to be made for business purposes. I understand that it is my responsibility to notify Citibank at 1-800-248-4553 immediately if my card is lost or stolen. I also authorize Citi to inform my employer regarding my application information and charges made by me. By submitting this application, I agree to the foregoing terms.</p> <p>IMPORTANT INFORMATION about opening a Citibank® Corporate Travel Card, One Card, or Purchase Card account: To help the United States Government fight terrorism and money laundering, Federal law requires Citi or my employer to obtain, verify, and record information that identifies each person that opens an account. What this means for me: when I open an account, Citi or my employer will ask for my name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires Citi or my employer to obtain. Citi or my employer may also ask to see my driver's license or other identifying documents that will allow Citi or my employer to identify me.</p> | | | | | | | | | | | | | | | | | | | | | |
| | 16. Applicant Signature* | | | | | | | | | | | | 17. Date* | | | / | | / | | | | |
| | 18. Approving Supervisor's Signature | | | | | | | | | | | | 19. Date | | | / | | / | | | | |

Section IV: Account Specification (to be completed by PA)

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| 20. Master Accounting Code/GL Code <i>Maximum 75 characters</i> | | | | | | | | | | | | | | | | | | | |
| 21. Discretionary Code 1 <i>Maximum 12 characters</i> | | | | | | | | | | 22. Discretionary Code 2 <i>Maximum 20 characters</i> | | | | | | | | | |
| 23. Discretionary Code 3 <i>Maximum 15 characters</i> | | | | | | | | | | 24. Monthly Limit (CB only)/Credit Limit (IB Only)* | | | | | 25. Cash Limit % <i>Instructions: This value is a % of the total credit limit and must be entered as a whole number.</i> | | | | |
| 26. Single Dollar Transaction Limit | | | | | | | | | | 27. Daily # Transactions Limit | | | | | 28. Cycle Transaction Limit | | | | |
| 29. Bulk Ship ID | | | | | | | | | | | | | | | | | | | |
| 30. MCC Template 1 <i>Maximum 10 characters.</i> | | | | | | | | | | 30. MCC Template 2 <i>Maximum 10 characters.</i> | | | | | | | | | |
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| 30. MCC Template 3 <i>Maximum 10 characters.</i> | | | | | | | | | | 30. MCC Template 4 <i>Maximum 10 characters.</i> | | | | | | | | | |
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| 30. MCC Template 5 <i>Maximum 10 characters.</i> | | | | | | | | | | 30. MCC Template 6 <i>Maximum 10 characters.</i> | | | | | | | | | |
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| 30. MCC Template 7 <i>Maximum 10 characters.</i> | | | | | | | | | | 30. MCC Template 8 <i>Maximum 10 characters.</i> | | | | | | | | | |
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| 30. MCC Template 9 <i>Maximum 10 characters.</i> | | | | | | | | | | | | | | | | | | | |
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Section V: Authorization (to be completed by PA)

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|---|--|--|--|---|--|--|--|---|--|--|--|--------------------------------------|--|--|--|---|--|---|--|---|--|--|--|
| 31. Program Administrator Name* | | | | | | | | | | | | | | | | | | | | | | | |
| 32. Program Administrator Signature* | | | | | | | | | | | | 33. Date* | | | | / | | / | | | | | |
| 34. Program Administrator Phone Number* | | | | - | | | | - | | | | 35. Program Administrator Fax Number | | | | - | | | | - | | | |



Corporate Combined Central Billed Travel/ Purchase/One Card

Company Liability

Instructions Page

| | |
|---|--|
| 1. Agent Number | The 4-digit number that identifies the type of plastic you want to issue to the applicant. If you do not know this information you can contact your Client Account Specialist for additional detail. |
| 2. Corp ID | The 5 digit number that identifies the Company account you want the applicant tied to. |
| 3. Reporting Hierarchy | The five-digit reporting code assigned to each level within the organizational hierarchy that defines the card/applicant's relationship within your Company's reporting structure. The company Program Administrator will complete this section. |
| 4. Applicant name | Full name of Applicant – First, Middle Initial and Last. Maximum 24 characters including spaces. |
| 5. Company Name | Name of Company. Maximum 24 characters including spaces. |
| 6. 4th Line Embossing | Agency, Bureau or Operating Administration name (maximum 24 characters including spaces, i.e., GSA). This appears on the card under the location or department name. |
| 7. Primary Verification Information | Used for card activation. Section A – Select verification type from drop down menu. 1) SSN-Social Security Number (last 4); 2) EIN-Employee Identification Number (last 4). Section B – Enter 4 digit value for the selected verification type. |
| 8. Primary Address (statement mailing) | Address where cards and statements will be mailed. Address must be U.S. or U.S. territory. Application will be rejected if the address is outside of the card issuing country. |
| 9. Business Phone | Indicate the business phone number (including area code) of the individual applying for the card. For locations outside of the U.S., include the applicable two-to-three digit country code. Note: an international access code, such as "011" is not required. |
| 10. Cell Phone | Indicate the cell phone number (including area code) of the individual applying for the card. |
| 11. Employee ID | Employee identification number (maximum 20 characters). |
| 12. E-mail Address | Business e-mail address (maximum 60 characters). |
| 13. Secondary Verification/Type | Identification requested from the applicant when he/she contacts Citi for servicing of their account. Section A – Select question for security verification from drop down menu. (LM DOH)–Date of Hire (MMYY); (LM BCD/SCD)–Benefit Comp Date/Service Computation Date (MMYY); (LM-EIN)–Employee EIN# (Last Four); (LM-EMPBADGE#)–Employee Badge# (Last Four); (LM-MMN)–Mother's Maiden Name; (LM-PSWD)–Password; (LM-FF)–Favorite Food. Section B – Answer to security verification question. |
| 14. Cell Phone Consent | Cell Phone Consent statement. |
| 15. Paper Free Policy | In support of the Paper-Free policy you will receive an e-mail alert when your statement and other notices are available for viewing on CitiManager upon registration at www.citimanager.com/login . Only check the box if you wish to receive paper statements and other notices by mail and not comply with the Paper-Free policy. |
| 16. Applicant Signature | The applicant's signature. |
| 17. Date | |
| 18. Approving Supervisor Signature | The applicant's direct manager signature. |
| 19. Date | |
| 20. Master Accounting Code/GL Code | Default accounting code (i.e., general ledger code) for this card's transactions. |
| 21. Discretionary Code 1 | Alpha and/or Numeric Agency-assigned code, individualized to each card/applicant This information appears on the card/applicant's profile of information. Note: The Agency may have up to three different discretionary codes for each card/applicant. |
| 22. Discretionary Code 2 | |
| 23. Discretionary Code 3 | |
| 24. Monthly Spending Limit/Credit Limit | Monthly spending limit (Corporate Billed only) or Credit Limit (Individually Billed only). |
| 25. Cash Limit % | Indicate the percentage of the total Limit (from line 24) that can be used for cash advances. Must be entered as a whole number. |
| 26. Single Dollar Transactions Limit | Single transaction limit, i.e., \$500; this would restrict applicant from using more than \$500 for a single purchase. |
| 27. Daily # Transactions Limit | Transactions allowed per day. |
| 28. Cycle Transaction Limit | Transactions allowed per billing cycle. |
| 29. Bulk Ship ID | For shipping to central address(es) as bulk shipment. Contact your Account Manager for your Agency's specific codes. |
| 30. MCC Template | Merchant blocking schemes. For example, PA may want to block certain types of merchants from being accessed by applicant. Contact your Client Account Specialist for your Agency's MCC template. |
| 31. Program Administrator Name | Print Program Administrator name. |
| 32. Program Administrator Signature | Program Administrator signature. |
| 33. Date | |
| 34. Program Administrator Phone Number | Indicate the business phone number (including area code) of the Program Administrator. For locations outside the U.S., include the applicable two-to-three digit country code. |
| 35. Program Administrator Fax Number | Indicate Program Administrator fax number. |