



CITIBANK® COMMERCIAL CARD SETUP FORM

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, PA completes Sections II, III and V, then signs in Section VII.
 2. Maintain a copy in the Cardholder and Program Administrator's files.
 3. Fax completed form to 605-357-2092 or mail to Citibank® Commercial Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.

SECTION II **REPORTING PARAMETERS**
 *Reporting Hierarchy: (1) 70234 51398 _____

SECTION III (2) ***PLASTIC TYPE** (Please check one of the following)
 POS White Plastic

SECTION IV **CARDHOLDER INFORMATION** (Please Print)
 (3) _____
 *First Name of Cardholder _____ *Middle Initial _____ *Last Name (maximum 25 characters) _____
 (4) Texas A&M International University
 *Company Name (maximum 24 characters) _____
 (5) _____ (956) 326 - _____
 4th Line Embossing (maximum 24 characters) _____ *Business Phone _____
 (6) 5201 University Blvd. _____ () - _____
 *Statement Billing Mailing Address Line 1 (maximum 36 characters) _____ Fax Number _____

 Statement Billing Mailing Address Line 2(maximum 36 characters) _____
 Laredo TX 78041 USA
 *City *State *Zip Code Country
 (7) _____ (8) _____
 Last 4 of Social Security Number _____ *Verification Information _____
 (9) _____ (10) / / _____
 E-mail Address _____ Date of Birth (mm/dd/yy) _____
 (11) _____ (12) _____
 GL Code (maximum 24 characters) _____ Employee ID (maximum 20 characters) _____

SECTION V **AUTHORIZATION PARAMETERS**
 (13) Dollars per Cycle Limit (Card Limit) \$: _____ (14) Dollars per Transaction Limit \$: _____ (15) ATM Access: Y N Cash % _____
 (16) MCC Template: _____ (17) Number of Transactions: Cycle: _____ Daily: _____
 (18) Bulk Ship ID: _____ (19) AT & T Calling Card: Y N (If yes please complete an AT&T application)
 (20) Convenience Checks: Y N Number of Books: 2 6

SECTION VI (21) **CARDHOLDER SIGNATURE**
 I, the cardholder, represent and warrant that all information on this application is true and correct, and my use of the card to be sent to me shall constitute my agreement with the terms, conditions and procedures contained in the Citibank Corporate Purchasing Card Cardholder Account Agreement that will accompany the card. I understand that it is my responsibility to notify Citibank at 1-800-248-4553 immediately if my card is lost or stolen.
 *Cardholder Signature _____ Supervisor Signature _____ Date _____

SECTION VII (22) **PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER**
 * Program Administrator's Signature _____ Date _____
 * Program Administrator's Name (printed) _____ Date _____
 * Program Administrator's Business Phone Number () - _____ Fax () - _____

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