



### 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, PC completes Sections II, III and V, then signs in Section VII.  
 2. Maintain a copy in the Cardholder and Program Coordinator'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) \_\_\_\_\_

**SECTION III** (2) **\*PLASTIC TYPE** (Please check one of the following)  
 State of WV Standard(Agent 1242)  Adj Gen Emergency(Agent 1241)  OES Emergency(Agent 1240)  White Plastic(Agent 5144)

**SECTION IV** **CARDHOLDER INFORMATION** (Please Print)

(3) \_\_\_\_\_  
 \*First Name of Cardholder \*Middle Initial \*Last Name (maximum 25 characters)

(4) \_\_\_\_\_  
 \*Agency/Organization Name (maximum 24 characters)

(5) \_\_\_\_\_ ( ) -  
 4<sup>th</sup> Line Embossing (maximum 25 characters) \*Business Phone

(6) \_\_\_\_\_ ( ) -  
 \*Statement Billing Mailing Address Line 1 (maximum 36 characters) Fax Number

Statement Billing Mailing Address Line 2 (maximum 36 characters)

\*City \*State \*Zip Code Country

(7) \_\_\_\_\_ (8) \_\_\_\_\_  
 Employee EPICS# or ID (maximum 9 digits) \*Verification Information

(9) \_\_\_\_\_ (10) \_\_\_\_\_  
 E-mail Address Leave this section blank

(11) \_\_\_\_\_ (11A) \_\_\_\_\_ (11B) \_\_\_\_\_  
 GL Code (maximum 24 characters) Agency Organization #(For WVA) Agency Tax ID #(For WVA)

**SECTION V** **AUTHORIZATION PARAMETERS**

(12) Dollars per Cycle Limit (Card Limit) \$: \_\_\_\_\_ (13) Dollars per Transaction Limit \$: \_\_\_\_\_ (14) ATM Access: Y  N  Cash % \_\_\_\_\_  
 (15) MCC Template: \_\_\_\_\_ (16) Number of Transactions: Cycle: \_\_\_\_\_ Daily: \_\_\_\_\_  
 (17) Bulk Ship ID: \_\_\_\_\_ (18) Convenience Checks: Y  N  Number of Books: 2  6

**SECTION VI** (19) **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 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 \_\_\_\_\_ Date \_\_\_\_\_

**SECTION VII** (20) **PROGRAM COORDINATOR SIGNATURE AND PHONE NUMBER**

\* Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \* Program Coordinator's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_  
 \* Program Coordinator's Business Phone Number ( ) - \_\_\_\_\_ Fax ( ) - \_\_\_\_\_  
 WV SAO Purchase Card Administration Signature \_\_\_\_\_

Public Sector Purchase Card Application **\*Asterisked fields must be completed prior to submission.**  
**Numbers in parentheses correspond to numbers on guide sheet on next page.**  
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State of WV Agency/Institution Internal Use Only



**GUIDE TO  
CITIBANK® CORPORATE CARD SETUP FORM**

**Form for requesting a new Corporate Card.**

**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 card/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.

**Section III - Plastic Type**

2. **Plastic Type:** Card type selection: 1) State of West Virginia Standard 2) Adjutant General Emergency Card 3) OES Emergency Card (1-3 for use at point of sale) 4) White Plastic: **cannot** be used at the point-of-sale.

**Section IV - Cardholder Information**

3. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
4. **Agency/Organization Name:** Name of Agency or Organization.
5. **4th Line Embossing and Business Phone Number:** This appears on the card under the cardholder's name. (maximum 24 characters including spaces). Provide business phone number of cardholder including area code.
6. **Statement Billing Mailing Address and Fax Number:** Address where card and statements will be mailed. (maximum 36 characters per line including spaces). Provide business fax number of cardholder including area code.
7. **Employee EPICS# or ID:** Identification number internal to State of West Virginia (maximum 9 digits)
8. **Verification Information:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. This can be mmn, employee number, etc.
9. **E-mail Address:** Business e-mail address.
10. **Leave this section blank**
11. **GL Code:** General ledger accounting code for this card's transactions.
- 11A. **Agency Organization #: Internal identifier for State of West Virginia.**
- 11B. **Agency Tax ID #: Internal information for State of West Virginia.**

**Section V - Authorization Parameters**

12. **Dollars per Cycle Limit (Card Limit) \$:** Cardholder balance limit.
13. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
14. **ATM Access and Limit:** Indicate access to cash advances at Automated Teller Machines and cash percent.
15. **MCC Template:** Blocking restriction to be tied at the cardholders account.
16. **Number of Transactions:** Number of transactions a Cardholder can perform per monthly cycle or per day.
17. **Bulk Ship ID:** ID for Bulk shipment of card.
18. **Convenience Checks:** Indicate access to convenience checks. Note: Each checkbook contains twenty-five (25) checks.

**Section VI - Cardholder Signature**

19. **Cardholder Signature:** Signature required.

**Section VII – PC Signature**

20. **Program Coordinator's Signature and Phone Number:** Program Coordinator must sign for approval, and must also print his or her name. The PC's business phone and fax number is also requested.  
**West Virginia SAO Card Administration signature required.**

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