



Individual Liability Travel Card

State of Texas Citibank Individual Liability Corporate Card Acknowledgment

**Texas A&M AgriLife
Research
556 RESEARCH**

**Texas A&M AgriLife
Extension Service
555 EXTENSION**

**TVMDL
557 TVMDL**

I expect to take three or more trips per fiscal year or expend at least \$500.00 per fiscal year on official state business. Upon receipt of my Citibank Corporate Card, I agree to:

Use my card **exclusively** for business travel charges.

Return my card to Texas A&M AgriLife Disbursements/Travel upon termination of my employment or when specifically requested to do so by Texas A&M AgriLife or Citibank.

Applicant: _____

Department: _____

UIN: _____

Office Phone #: _____

Signature: _____

Title: _____

Return this form with your Corporate Card Application to:

Texas A&M AgriLife
Disbursements/Travel
2147 TAMU
College Station, TX 77843-2147



CITIBANK® COMMERCIAL TRAVEL 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) _____

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) _____ () -
 *Company Name (maximum 24 characters) *Home Phone

(5) _____ () -
 4th Line Embossing (maximum 24 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) - -
 *Home Mailing Street Address Line 1 (maximum 36 characters) NO PO Box *Social Security Number

(9) _____
 Home Mailing Street Address Line 2 (maximum 36 characters) *Verification Information

*City *State *Zip Code Country

(10) _____ (11) / /
 E-mail Address *Date of Birth (mm/dd/yy)

(12) _____ (13) _____
 GL Code (maximum 24 characters) Employee ID (maximum 20 characters)

SECTION V AUTHORIZATION PARAMETERS

(14) Dollars per Cycle Limit (Card Limit) \$: _____ (15) Dollars per Transaction Limit \$ _____ (16) ATM Access: Y N Cash % _____

(17) MCC Template: _____ (18) Number of Transactions: Cycle: _____ Daily: _____

(19) Bulk Ship ID: _____ (20) AT & T Calling Card: Y N (If yes, please complete an AT&T application)

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 Travel & Entertainment 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. I acknowledge that I will be liable for all transactions made with my card pursuant to the Citibank Travel & Entertainment Card Cardholder Account Agreement and Citibank (South Dakota), N.A. may verify the information listed on the Application about me from credit reporting agencies and other sources. By submitting this application, you authorize us to obtain consumer reports on you. You also authorize us to inform your employer whether your application has been denied or approved. Do not submit this application unless you agree to these important items. I hereby authorize Citibank to obtain consumer reports about me and to notify my employer of the decision to deny or approve this application.

*Cardholder 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 () - _____



GUIDE TO CITIBANK® CORPORATE TRAVEL CARD SETUP FORM

Form for requesting a new Travel Card.

IMPORTANT INFORMATION about opening a new Citibank® CorporateTravel Card account:

To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

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 Company's reporting structure. Up to seven five-digit codes may be assigned to your Company. Contact your Client Account Manager for your Company's specific codes.

Section III - Plastic Type

2. **Plastic Type:** Card type selection: 1) POS: for use at point-of-sale. 2) 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. **Company Name and Home Phone Number:** Name of Company. Provide home phone number of cardholder including area code.
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 Business 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. **Home Mailing Street Address:** Required home street address. No PO Box (maximum 36 characters per line including spaces).
8. **Social Security Number:** Used for card activation. Must be the Cardholder's Social Security Number.
9. **Verification Information:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. This can be mmn, employee number, etc.
10. **E-mail Address:** Business e-mail address.
11. **Date of Birth:** Cardholder's date of birth. Enter information in mm/dd/yy format.
12. **GL Code:** General ledger accounting code for this card's transactions.
13. **Employee ID:** Client defined.

Section V - Authorization Parameters

14. **Dollars per Cycle Limit (Card Limit) \$:** Cardholder balance limit.
15. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
16. **ATM Access and Limit:** Indicate access to cash advances at Automated Teller Machines and cash percent.
17. **MCC Template:** Blocking restriction to be tied at the cardholders account.
18. **Number of Transactions:** Number of transactions a Cardholder can perform per monthly cycle or per day.
19. **Bulk Ship ID:** ID for Bulk shipment of card.
20. **AT&T Calling Card:** Access to AT&T calling card if eligible.

Section VI - Cardholder Signature

21. **Cardholder Signature:** Signature required.

Section VII – PA Signature

22. **Program Administrator's Signature and Phone Number:** Program Administrator must sign for approval, and must also print his or her name. The PA's business phone and fax number is also requested.