

**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) 10646 28000 11936 28100 10004 _____

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) HEALTH SCI CTR BROOKLYN

() -

*Company Name (maximum 24 characters)

*Home Phone

(5)

4th Line Embossing (maximum 24 characters)

() -

*Business Phone

(6) 450 CLARKSON AVENUE

() -

*Statement Billing Mailing Address Line 1 (maximum 36 characters)

Fax Number

Statement Billing Mailing Address Line 2 (maximum 36 characters)

BROOKLYNNY11203USA

*City

*State

*Zip Code

Country

(7)

*Home Mailing Street Address Line 1 (maximum 36 characters)

(8) XXX - XX -

*Social Security Number

(9)

Home Mailing Street Address Line 2 (maximum 36 characters)

*Verification Information

*City

*State

*Zip Code

Country

(10)

E-mail Address

(11) / /

*Date of Birth (mm/dd/yy)

(12)

GL Code (maximum 24 characters)

(13)

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****(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 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.

*Cardholder Signature: _____ Date: _____

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

* Program Administrator's Signature _____ Date: _____

* Program Administrator's Name (printed) DIANE DESOUZA Date: _____* Program Administrator's Business Phone Number (718) 270 - 2799 Fax (718) 270 - 3342

Limited and Corporate Liability Application

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



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.

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