### 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:

**SECTION III** \***PLASTIC TYPE**

 POS [ ]  White Plastic [ ]

**SECTION IV CARDHOLDER INFORMATION**

(3)                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(4)

\*College/Division & Department

(5)  UTEP   (6) (915) 747 -

 Line 2 Embossing \*Business Phone

(7) 500 W University Ave (8)

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

Building Name & Room Number (maximum 36 characters)

El Paso TX 79902      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*City \*State \*Zip Code Country

(9)      (10)

\*4-Digit Activation Code \*4-Digit Verification Code

(11)       (12)       /       /

\*Email Address Date of Birth (MM/DD/YY)

(13)       (14)

\*Default Cost Center# or Project ID# (Only One) \*Employee ID 600#

**SECTION V AUTHORIZATION PARAMETERS**

(15) Dollars per Cycle Limit (Card Limit) $:       (16) Dollars per Transaction Limit $:       (17) ATM Access: Y [ ]  N [ ]  Cash %

(18) MCC Template:       (19) Number of Transactions: Cycle:      Daily:

(20) Bulk Ship ID:       (21) AT & T Calling Card: Y [ ]  N [ ]  (If yes please complete an AT&T application)

(22) Convenience Checks: Y [ ]  N [ ]  Number of Books: 2 [ ]  6 [ ]

**SECTION VI 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.

23. \*Cardholder Signature Date

## SECTION VII SUPERVISOR SIGNATURE AND PHONE NUMBER

24. \*Supervisor/Department Head Signature Date

25. \*Supervisor/Department Head Name (printed)       Date

26. Supervisor/Department Head Direct Phone Number (       ) -

Corporate 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 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 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

1. **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

1. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
2. **College/Division & Department Name:** Name of your College/Division & department.
3. **Line 2 Embossing:** UTEP.
4. **Business Phone:** UTEP phone number direct line.
5. **Statement Billing Mailing Address and Fax Number:** Address where statements will be mailed.
6. **Mobile Number:** Cell phone number. Optional.
7. **4-Digit Activation Code:** Used for card activation. Client defined.
8. **4-Digit Verification Code:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. Client defined.
9. **Email Address:** UTEP email address.
10. **Date of Birth:** Cardholder’s date of birth. Enter information in mm/dd/yy format.
11. **Default Cost Center# or Project ID#:** Default funding source for reconciling transactions in PeopleSoft.
12. **Employee ID:** PeopleSoft EMPL ID# (600#).

#### Section V - Authorization Parameters

1. **Dollars per Cycle Limit (Card Limit) $:** Cardholder balance limit.
2. **Dollars per Transaction Limit $:** Single transaction limit, i.e., $500; this would restrict a Cardholder from purchasing more than $500 for a single purchase.
3. **ATM Access and Limit:** Indicate access to cash advances at Automated Teller Machines and cash percent.
4. **MCC Template:** Blocking restriction to be tied at the cardholders account.
5. **Number of Transactions:** Number of transactions a Cardholder can perform per monthly cycle or per day.
6. **Bulk Ship ID:** ID for Bulk shipment of card.
7. **AT&T Calling Card:** Access to AT&T calling card if eligible.
8. **Convenience Checks:** Indicate access to convenience checks. Note: Each checkbook contains twenty-five (25) checks.

##### Section VI - Cardholder Signature

1. **Cardholder Signature:** Cardholder signature and date.

##### Section VII – Supervisor Signature

1. **Supervisor/Department Head Name:** Printed name & date.
2. **Supervisor/Department Head Signature:** Signature & date.
3. **Supervisor/Department Head Direct Phone Number:** UTEP phone number direct line.

Corporate Application