



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) 98100 21400 31440 40909 50001 70001

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) Y90950
 *Agency/Organization Name (maximum 24 characters) _____
 (5) 4th Line Embossing (maximum 25 characters) _____ *Business Phone _____
 (6) *Statement Billing Mailing Address Line 1 (maximum 36 characters) _____ Fax Number _____
OASIS Username:
 Statement Billing Mailing Address Line 2 (maximum 36 characters) _____
 *City _____ *State _____ *Zip Code _____
 (7) Employee EPICS# or ID (maximum 9 digits) _____ (8) *Verification Information (Last 4 of EPICS#) _____
 (9) E-mail Address _____ (10) Acctg Temp: _____
 (11) GL Code (maximum 24 characters) _____ (11A) 0404 0446 (11B) 55600078
 Agency Organization #(For W/A) _____ Agency Tax ID #(For W/A) _____

SECTION V AUTHORIZATION PARAMETERS
 (12) Dollars per Cycle Limit (Card Limit) \$ 5,000 (13) Dollars per Transaction Limit \$ 2,500 (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.**
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Supervisor's Signature _____