



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 40904 500 600 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 West Virginia University *Middle Initial Y *Last Name (maximum 25 characters) 90451

(4) West Virginia University
 *Agency/Organization Name (maximum 24 characters)

(5) 4th Line Embossing (maximum 25 characters) Y90451 *Cardholder's Business Phone () - () - () - ()

(6) Y90451
 *Statement Billing Mailing Address Line 1 (maximum 36 characters) Fax Number () - () - () - ()

Statement Billing Mailing Address Line 2 (maximum 36 characters)

*City USA *State USA *Zip Code USA Country USA

(7) Employee EPICS# or ID (maximum 9 digits) Y90451 (8) *Verification Information (Last 4 digits of EPICS #) 9045

(9) E-mail Address Y90451 (10) Leave this section blank

(11) Leave this section blank (11A) 0463 Agency Organization #(For WVA) (11B) 556000842 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) Bulk Ship ID: _____ (17) Convenience Checks: Y N X Number of Books: 2 6

(18) Business Need for PCard: _____

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 (304) 293 - 5711 Fax (304) 293 - 6943

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 – Mail Completed Application to Pcard Administration, PO Box 6024, Morgantown, WV 26506-6024

(21) EBO _____ (22) DCC _____

(23) Dept _____ (24) CBO or Designee Signature _____ Date _____

(25) MAP Default Account: _____



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

Form for requesting a new Pcard.

Section I – Instructions – Cardholders/Departments need to complete only the sections marked in Red.

Section IV - Cardholder Information – Completed by Cardholder

- 3. Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last as it appears on WVU Payroll.
- 5. Cardholder's Business Phone** (This is the Phone number the cardholder can be reached at BY SAO or Citi)
- 7. Employee EPICS# or ID:** State of WV EPICS ID number – Can be found on employee's paystub (maximum 9 digits)
- 8. Verification Information:** Identification code requested from the Cardholder when he/she contacts Citibank Customer Service for assistance. Please use the last 4 digits of your EPICS number.
- 9. E-mail Address:** Business e-mail address.

Section V - Authorization Parameters – Completed by EBO or DCC

- 12. Dollars per Cycle Limit (Card Limit) \$:** The maximum amount of credit assigned to an individual card. The maximum dollar amount provided for a specific PCard that can be accumulated during one single month/cycle.
- 13. Dollars per Transaction Limit \$:** The single transaction limit- the maximum dollar amount available to a cardholder for a single transaction. For example, a \$500 transaction limit would limit the cardholder from completing a purchase over \$500.
- 18. Business Need for PCard**

Section VI - Cardholder Signature

- 19. Cardholder Signature:** Signature required.

Section VII – PC Signature

Program Coordinator's Signature and Phone Number: Will be completed by Pcard Administration

Hierarchy Location Information:

- 21. EBO –** Name of EBO
- 22. DCC –** Name of DCC
- 23. Dept. –** Name of department

Required Signatures & MAP Account Info:

- 24. Authorized Signature & Date – CBO or Designee** signature & Date
- 25. MAP Card Default Account**

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