

WAIVER/APPLICATION FOR NON-EMPLOYEE PURCHASING CARDHOLDER

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) X 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) West Virginia University
 *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

Statement Billing Mailing Address Line 2 (maximum 36 characters) _____

*City _____ *State _____ *Zip Code _____ Country _____

(7) _____ (8) _____
 Employee EPICS# or ID (maximum 9 digits) Citi Verification Information (MM/DD of Birth)

(9) _____ (10) _____
 E-mail Address Alternate Verification Information for WVSAO

(11) _____ (11A) 0463 (11B) 556000842
 Leave this section blank Agency Organization # (For WVA) 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 X Cash % _____

(15) MCC Template: _____ (16) Number of Transactions: Cycle: _____ Daily: _____

(17) Bulk Ship ID: _____ (18) Convenience Checks: Y N X 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

By submission of this form, in accordance with Section 4.1 of the WV State Auditor's Office Purchasing Card Program Policies and Procedures, I am requesting a waiver to issue a Purchasing Card to the above named Non-State Employee card applicant. I understand that the agency is responsible for ensuring that all charges are made only for the purpose of "official state business." Any properly authorized transactions that **do not** meet this requirement may result in agency liability if appropriate, prompt corrective action is not taken.

* Program Coordinator's Signature _____ Date _____

* Program Coordinator's Name (printed) _____ Date _____

* Program Coordinator's Business Phone Number (304) 293 - 5711 Fax _____

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) Authorized Signature _____ Date _____
 (25) MAP Account: _____