



### 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 FAIRMONT STATE UNIVERSITY \*Middle Initial \_\_\_\_\_ \*Last Name (maximum 25 characters) \_\_\_\_\_

(4) \*Agency/Organization Name (maximum 24 characters) FAIRMONT STATE UNIVERSITY

(5) \*Agency/Organization Name (maximum 24 characters) WV TAX EXEMPT 556000778 ( ) - \_\_\_\_\_

(6) 4<sup>th</sup> Line Embossing (maximum 25 characters) 1201 Locust Ave \*Business Phone ( ) - \_\_\_\_\_

(7) \*Statement Billing Mailing Address Line 1 (maximum 36 characters) 1201 Locust Ave Fax Number ( ) - \_\_\_\_\_

Statement Billing Mailing Address Line 2 (maximum 36 characters) \_\_\_\_\_

Fairmont WV 26554 USA

\*City \*State \*Zip Code Country

(8) Employee EPICS# or ID (maximum 9 dgits) \_\_\_\_\_ \*Verification Information (mmdd-of birthday) \_\_\_\_\_

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

(11) GL Code (maximum 24 characters) \_\_\_\_\_ (11A) Agency Organization #(For WVA) \_\_\_\_\_ (11B) Agency Tax ID #(For WVA) \_\_\_\_\_

**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 % NA

(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) Becky Miller Date \_\_\_\_\_

\* Program Coordinator's Business Phone Number (304) 367-4816 Fax (304) 367-4706

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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Supervisor's Signature: \_\_\_\_\_