



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. Email ProCard application to ProCardadmin@uthscsa.edu ; 562-6200

SECTION II **REPORTING PARAMETERS**
 *Reporting Hierarchy : 70090 42721 _____

SECTION III (2) ***PLASTIC TYPE** (Please check one of the following)
 POS White Plastic

SECTION IV **CARDHOLDER INFORMATION** (Please Print)
 (3) _____
 *First Name of Cardholder _____ *Middle Initial _____ *Last Name (maximum 25 characters) _____
 (4)) **UT Health Science Center at San Antonio (UTHSCSA)**
 *Company Name (maximum 24 characters) _____
 (5) **UTHSCSA** _____ () - _____
 4th Line Embossing (maximum 24 characters) _____ *Business Phone _____
 (6) _____ () - _____
 *Statement Billing Mailing Address Line 1 (maximum 36 characters) _____ Fax Number _____
 7703 Floyd Curl Drive
 Statement Billing Mailing Address Line 2 (maximum 36 characters) _____

 *City _____ *State _____ *Zip Code _____ Country _____
 (7) _____ (8) _____
Department Name _____ **Account Manager** _____
 (9) _____ (10) _____
E-mail Address _____ **Employee ID** (maximum 20 characters) _____
 (11) _____
 GL Code **DEFAULT PID – FUND – DEPT. ID** _____

SECTION V **AUTHORIZATION PARAMETERS**
 (13) Dollars per Cycle Limit (Card Limit) \$: 5,000.00 (14) Dollars per Transaction Limit \$: 1,000.00 (15) ATM Access: Y N Cash % _____
 (16) MCC Template: **TXP4566** _____ (17) Number of Transactions: Cycle: _____ Daily: _____
 (18) Bulk Ship ID: N/A (19) AT & T Calling Card: Y N (If yes please complete an AT&T application)
 (20) Convenience Checks: Y N Number of Books: 2 6

SECTION VI (21) **CARDHOLDER SIGNATURE and DEPARTMENT HEAD APPROVAL**
 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.
 *Cardholder Signature _____ Date _____
 *Department Head Signature: _____ Print Name: _____ Date _____

SECTION VII (22) **PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER (PURCHASING DEPARTMENT ONLY)**
 * Program Administrator's Signature _____ Date _____
 * Program Administrator's Name (printed) _____ Date _____
 * Program Administrator's Business Phone Number (210) 562 - 6200 Fax (210) 562 - 6290

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® COMMERCIAL CARD SETUP FORM**

Form for requesting a new Commercial 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

2. **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

3. **Name of Cardholder:** Full name of Cardholder – First, Middle Initial and Last.
4. **Company Name:** Name of Company.
5. **4th Line Embossing and Business Phone Number:** This appears on the card under the cardholder's name. (maximum 24 characters including spaces). Provide business phone number of cardholder including area code.
6. **Statement Billing Mailing Address and Fax Number:** Address where card and statements will be mailed. (maximum 36 characters per line including spaces). Provide business fax number of cardholder including area code.
7. **Department Name**
8. **Department ProCard Account Manager**
9. **E-mail Address:** Business e-mail address.
10. **Employee ID:** Client defined.
11. **GL Code:** General ledger accounting code for this card's transactions.
12. **Employee ID:** Client defined.

Section V - Authorization Parameters

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

Section VI - Cardholder Signature and Department Head Approval (Director, Dean, VP or Chair)

21. Cardholder Signature and Department Head Approval required

Section VII – PA Signature

22. **Program Administrator's Signature and Phone Number:** Program Administrator must sign for approval, and must also print his or her name. The PA's business phone and fax number is also requested.