



CITIBANK® COMMERCIAL TRAVEL 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 Travel Card application to Traveladmin@uthscsa.edu ; attention Karen Schweiger, Commercial Card Coordinator, 210-562-6216.

SECTION II **REPORTING PARAMETERS**

*Reporting Hierarchy: (1) 70092 42724 _____

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) _____ *Home Phone _____

(5) **UTHSCSA** _____ () - _____
 4th Line Embossing (maximum 24 characters) _____ *Business Phone _____

(6) _____ () - _____
 *Statement Billing Home Address Line 1 (maximum 36 characters) _____ Fax Number _____

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

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

(7) _____ (8) - - _____
 *Home Mailing Street Address Line 1 (maximum 36 characters) _____ *Social Security Number _____

Home Mailing Street Address Line 2 (maximum 36 characters) _____

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

(9) _____ (10) / / _____
 E-mail Address _____ *Date of Birth (mm/dd/yy) _____

(11) _____
 Employee ID (maximum 20 characters) _____

SECTION V **AUTHORIZATION PARAMETERS**

(14) Dollars per Cycle Limit (Card Limit) \$: _____ (15) Dollars per Transaction Limit \$ _____ (16) ATM Access: Y N Cash % _____

(17) MCC Template **745 IBT, 745 IBT1** _____ (18) Number of Transactions: Cycle: _____ Daily: _____

(19) Bulk Ship ID: N/A (20) AT & T Calling Card: Y N (If yes please complete an AT&T application)

SECTION VI (19) **CARDHOLDER SIGNATURE and DEPARTMENT HEAD APPROVAL 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 Travel & Entertainment 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: _____ Date _____

SECTION VII (20) **PROGRAM ADMINISTRATOR SIGNATURE AND PHONE NUMBER**

* Program Administrator's Signature _____ Date _____

* Program Administrator's Name (printed) Vikki F Ross, Director of Procurement and HUB Program _____ Date _____

* Program Administrator's Business Phone Number (210) 562-6201 _____ Fax (210) 562-6290 _____

Limited and Corporate Liability Application *Asterisked fields must be completed prior to submission.
 Numbers in parentheses correspond to numbers on guide sheet on next page.