*The BuyCard is an available method of payment for suppliers not on the eProcurement catalogs. Complete*

*the sections for cardholder information, the prospective vendor category and cardholder approvals ONLY. Please be sure to acquire supervisor signature and indicate if you have another person entering and/or reconciling your transactions in the proxy section.* ***Fax to attention of the BuyCard Team at (713)***

***500 - 4710 when complete.***

***Please be advised that any cardholder who will need to enter/reconcile POS requisitions in***

***PeopleSoft MUST attend FMS Financial Overview and FMS E-procurement training.***

***NOTE:*** *Card accounts with twelve (12) or less transactions during the fiscal year will be cancelled. If it is found that a cardholder has not used the BuyCard for six consecutive accounting periods (months), card may be revoked at the discretion of the Program Coordinator.*



**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, Department Head completes Sections II, III and V, then signs in Section VII.

2. Maintain a copy in the Cardholder and Program Administrator’s files.

3. Fax completed form to attention of Buycard Team at 713-500-4710

**SECTION II REPORTING PARAMETERS**

Proxy (1)

**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)

\*Company Name (maximum 24 characters)

(5) ( ) -

4th Line Embossing (maximum 24 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 ID \*Verification Info (PIN#) (Last 4 digits of Employee ID)

 (9) (10) / /

E-mail Address Date of Birth (mm/dd/yy)

(11) (12)

Chartfield (maximum 24 characters) N/A

**SECTION V AUTHORIZATION PARAMETERS**

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

(16) MCC Template: (17) Number of Transactions: Cycle: Daily: (18) Bulk Ship ID: (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**

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

**SECTION VII (22) DEPARTMENT HEAD SIGNATURE AND PHONE NUMBER**

\* Department Head Signature Date

\* Department Head Name (printed) Date

\* Department Head’s Business Phone Number ( ) - Fax ( ) -

Corporate Application \***Asterisked fields must be completed prior to submission.**

**Numbers in parentheses correspond to numbers on guide sheet on next page.**