



Individually Billed Account Travel Card Set Up Form

Citibank® Government Travel Card Program

Section III: Cardholder Signature & Agreement (To be completed by employee. * = Required fields)

Signature & Agreement*	By signing below, I: (i) acknowledge I have read the Citi® Department of Defense Services Travel Card Program <i>Cardholder Agreement</i> ; (ii) agree to be bound by the terms and conditions as set forth in the Agreement; and (iii) understand that only the Department of Defense may request particular Authorization Parameters (Section III). This application is for a Department of Defense Travel Card account, which may be standard or restricted, as described in the Cardholder Agreement. I expressly agree to accept whichever type of account is established. Pursuant to requirements of law, including the U.S.A. PATRIOT ACT, the bank is required to request additional information to verify your identity.		
	<i>IMPORTANT INFORMATION about opening a new Citibank® Corporate Travel Card account: To help the United States Government fight terrorism and money laundering, Federal law requires us or your employer to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we or your employer will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires us or your employer to obtain. We or your employer may also ask to see your driver's license or other identifying documents that will allow us or your employer identifies you. We appreciate your cooperation.</i>		
	8. Applicant's Signature*		9. Date*
	10. Credit Report Authorization* (initial one)	A. I, as the cardholder, authorize the bank to obtain credit reports on me as described in the agreement	B. I, as the cardholder, DO NOT authorize the bank to obtain credit reports on me. Therefore, I will not be eligible for a standard card.
11. Approving Supervisor's Signature*	12. Date*		

Section IV: Account Specification (To be completed by APC. * = Required fields)

13. <input type="checkbox"/> Restricted by APC (See detailed instructions pages 2-4)	
a) Date to Activate (mm/dd/yyyy)	b) Date to Deactivate (mm/dd/yyyy)

Section V: Authorization (To be completed by APC. * = Required fields)

14. Authorized APC*	By signing below, I hereby authorize, on behalf of the Agency/Organization indicated above, that a Department of Defense Travel Card be issued to the employee named in Section I of this application. PLEASE RETAIN A COPY FOR YOUR RECORDS.		
	APC Name (type or print)*	E-mail Address*	
	APC Signature*	Date*	
	Commercial Office Phone*	()	