

STATE OF SOUTH DAKOTA USER PROFILE
CITIBANK PURCHASING CARD

Section 1 INSTRUCTIONS

1. To add a new account, complete sections II through IV on this USER PROFILE for: _____

2. To change information for existing accounts, be sure to complete steps a. - d. below:

- a. Complete section II below indicating the type(s) of request.
- b. Fill in the individual's Purchasing Card Number: 540598 _____
- c. Fill in cardmember's name as it appears on the Purchasing Card: _____
- d. Fill in only the fields that require changes.

3. Signed copy to be maintained in Cardmember and Authorizing Manager's personnel files. Fax completed form to Citibank at 1-800-330-6876.

Section II TYPE OF REQUEST (Check all that apply)

<input type="checkbox"/> a. New Account	<input type="checkbox"/> e. Single Dollar Transaction Limit Change
<input type="checkbox"/> b. Address Change	<input type="checkbox"/> f. Daily Number of Transactions Limit Change
<input type="checkbox"/> c. Name Change	<input type="checkbox"/> g. Cancel Account
<input type="checkbox"/> d. Monthly Cycle Limit Change	<input type="checkbox"/> h. Other (Please Specify) Other: _____

Section III CARDMEMBER INFORMATION (Print or type)

Department Name to Appear on Card (maximum of 24 characters) _____		Tax Exempt Number _____
Name of Cardmember _____		Business Phone _____
Date of Birth _____	Social Security Number _____	Mother's Maiden Name _____
Business Address (maximum of 36 characters) _____		Business Email (site coordinator if no cardmember email) _____
City _____	State _____	Zip Code _____
		Clearing Center Number _____

Section IV REPORTING PARAMETERS

Reporting Hierarchy _____

Section V AUTHORIZATION PARAMETERS

Monthly Cycle Limit _____ Single Dollar Transaction Limit _____

Section VI

I agree to abide by the procedures established in the Citibank Purchasing Card Guidelines. I understand it is my responsibility to notify Citibank at 1-800-248-4553 immediately if my card is lost or stolen.

Cardmember Signature: _____	Date: _____
Site Coordinator Signature: _____	Date: _____
Purchasing Card Program Administrator Signature: _____	Date: _____