

### MasterCard Fleet Card Vehicle Set Up

**Note:** This form should be completed by the Agency/Organization Program Coordinator or Program Administrator for each vehicle plastic required. Please complete the application by typing in the data and printing to sign and fax. Please see page 3 for instructions. ONLY FAX to (605)-357-2092. **Required fields denoted by an asterisk** "\*". Form will be returned if required fields are not completed.

Fax: 60	05-357-2092
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Section I: Rep	orting Pa	rameter	s																										
1. Plastic Type*												2.	Proc	essi	ng U	Init I	D/C	orp I	D (N	1axin	num	5 ch	arac	ters)	*				
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3. Reporting Hierarchy*	HL	HL1			HL2				HL3			HL4					HL5				HL6				HL7				
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Section II: Ve	hicle Infor	mation															,		•		•								
4. Agency/Orga (maximum 24			pear	on the	Card																								
5. 4th line embo vehicle name.				ssed o	n card	unde	r																						
6. Vehicle # to a	5. Vehicle # to appear on the card (6 characters)*  7. Emboss "Fuel Only"*																												
8. Card Activati (4 digits)*	on Number																												
9. Business Mail	ing Address	Line 1 (ii	nclud	e Billir	ng Reci	ipient	Nam	e – ma	ximu	m 36	chai	racte	rs)*	– Ad	dres	s mu	ıst b	e U.S	S. or	U.S.	terri	itory							
9A. Business Ma	ailing Addre	ss Line 2		T		· · · · · · · · ·				·	Ţ	T			·····	· · · · · · ·	Ţ	T	7									· · · · · · · ·	
City*																													
State*		Zip Co	de*																										
10. Business Pho	one of Billin	g Recipie	nt*			-			-																				
11. Business e-m	ail address																												
12. Secondary	For cal	I in verifi	cation	n pleas	se sele	ct ver	rificat	ion typ	e and	d pro	vide i	infor	matio	on															
Verification Information*	12A	12A Make drop down in PDF 12B This space needs text field for info																											
Section III: A	uthorizatio	on																											
13. Paper-Free Policy	certa "Go F make	nust regis in notices Paperless s availab and Citi w	s, inc " box le ele	luding is sel ctron	legal ected, ically r	notic you now o	es, fo will re or in th	r your eceive he futu	card your ire w	acco state ill be	ount ( emer avai	("no nts a ilable	tices nd no e to y	") el otice ⁄ou f	ectros es ele or vi	onic ectr iewii	ally. onica ng o	Onc ally. n the	e yo Youi e Cit	u re r sta :iMa:	giste tem nage	er yo ent a er we	ur a as we b sit	ccou ell as e an	nt a s any d wi	nd ei / not II not	nsure ices t t be r	that that naile	the Citi d to

I, the undersigned, understand that the card is to be used for official purchases only. I understand that it is my responsibility to notify Citibank at

Fax Number

15. Approving Agency/Organization Program

Coordinator/Administrator's Signature\*

16. Date\*

18. Approving Agency/Organization Program Coordinator/Administrator's

1-800-790-7206 (overseas call collect 904-954-7850) immediately if the card is lost or stolen.

14. Approving Agency/Organization Program

17. Approving Agency/Organization Program Coordinator/Administrator's

Coordinator/Administrator's Name (printed)\*

Signature

Phone Number



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#### Section IV: Account Specification

19. Master Accounting Code/GL (	Code Maximum 75 characters													
20. MCC Template														
21. Monthly Limit* 22	. Single Dollar Trans Limit		23. ACR Key (If ACR key is used, MCC groups, line 21 is not required.)											
24. Cycle # Transaction Limit	25. Daily # Transactions Limit	26. Assigned Driver	# or Vehicle Table Name*											
		This space needs te	xt field for info											
27. Product Type 3 = Prompt for	driver # and odometer													
28. Product Restriction Code*	Make drop down in PDF													

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# MasterCard Fleet Card Vehicle Set Up

### **Instructions Page**

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1. Plastic Type	Select card type: 1) Standard 2) Quasi: Plain silver plastic embossed with Government assigned account number 3) Generic: Plain silver plastic embossed with NON-Government assigned account number.
2. Processing Unit/Corp ID	Five-digit ID code used if card(s) will be shipped to central address(es). Contact your Client Account Manager for your Agency's specific codes.
3. Reporting Hierarchy	The five-digit reporting code assigned to each level within the organizational hierarchy that defines the card/cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Specialist for your Agency's specific codes.
4. Agency/Organization Name to Appear on the Card	Name of Vehicles/Cardholder's Agency (maximum 24 characters).
5. 4th Line Embossing	Agency, Bureau or Operating Administration name (maximum 24 characters including spaces, i.e., GSA). This appears on the card under the location or department name.
6. Vehicle #	Enter Agency-assigned six-digit vehicle number as it will appear on the card.
7. Emboss "Fuel Only" Code	Indicate "Y" or "N" whether "Fuel Only" is embossed on the card. This will restrict purchase to fuel only.
8. Card Activation Number	Used for card activation and account identification. Enter 4 digit value.
9. Business Mailing Address	Address where cards and statements will be mailed. Address must be U.S. or U.S. territory. Application will be rejected if the address is outside of the card issuing country.
10. Business Phone	Indicate the business phone number (including area code) of the APC/AOPC. For locations outside of the U.S., include the applicable two-to-three digit country code. Note: an international access code, such as "011" is not required.
11. Business E-mail Address	Business e-mail address (maximum 60 characters).
12. Secondary Verification	Identification requested from the Agency/Organization Program Coordinator or Program Administrator when he/she contacts Citi for servicing of the account. Section  A - Select question for security verification from drop down menu. (LM DOH)-Date of Hire (MMYY);  (LM BCD/SCD)-Benefit Comp Date/Service Computation Date (MMYY); (LM-EIN)-Employee EIN# (Last Four);  (LM-EMPBADGE#)-Employee Badge# (Last Four); (LM-MMN)-Mother's Maiden Name; (LM-PSWD)-Password;  (LM-FF)-Favorite Food.  B - Answer to security verification question.
13. Paper Free Policy	In support of the Paper-Free policy you will receive an e-mail alert when your statement and other notices are available for viewing on CitiManager upon registration at www.citimanager.com/login.
14. Approving Agency/Organization Program Coordinator/ Administrator's Name	Print Program Coordinator/Administrator's name.
15. Approving Agency/Organization Program Coordinator/ Administrator's Signature	Program Coordinator/Administrator's signature.
16. Date	
17. Approving Agency/Organization Program Coordinator/ Administrator's Phone Number	Indicate Program Coordinator/Administrator's business phone number (including area code).
18. Approving Agency/Organization Program Coordinator/ Administrator's Fax Number	Indicate Program Coordinator/Administrator's fax number.
19. Master Accounting Code/GL Code	Default accounting code (i.e., general ledger code) for this card's transactions.
20. MCC Template	Merchant blocking schemes. For example, A/OPC may want to block certain types of merchants from being accessed by cardholder. Contact your Client Account Specialist for your Agency's MCC template.
21. Monthly Limit	Monthly spending limit.
22. Single Dollar Trans Limit	Single transaction limit, i.e. \$500; this would restrict the cardholder from using more than \$500 for a single transaction.
23. ACR Key	Indicate ACR Key.
24. Cycle Transaction Limit	Maximum # of transactions per cycle.
25. Daily # Transactions Limit	Maximum # of transactions per day.
26. Assigned Driver # or Vehicle Table Name	Enter Agency-specified six-digit Table ID for vehicle.
27. Product Type	Prompt for driver # and odometer.
28. Product Restriction Code	Code that restricts use of specific products/services. Check one: 1) Good for fuel and other products; or 2) Good for fuel only.