

Application for the American Express® Corporate Card

APPLICATION INFORMATION - APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED FIELDS

THE
AMERICAN
EXPRESS
CORPORATE
CARD
PROGRAM

Name as you would like it to appear on the Corporate Card (20 characters maximum, including spaces - *Required) _____

Billing Street Address (20 characters maximum, including spaces - *Required) _____ Home Office

City (17 characters maximum, including spaces) _____ State _____ Zip Code _____

Home Street Address (20 characters maximum, including spaces, if different than billing address - *Required) _____

City (17 characters maximum, including spaces) _____ State _____ Zip Code _____

Social Security Number (*Required) _____ Home/Personal Phone Number (*Required) _____

Business Phone Number (*Required) _____ Fax Number _____

Employee ID Number (10 characters maximum) _____ OUC # _____

X _____
Employee's Signature (*Required) Please read the Agreement before signing. _____ Date _____
By signing above I indicate my acceptance of the terms and conditions of the Agreement.

PROGRAM ADMINISTRATOR - APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED FIELDS

3 7 8 2 - 7 _____
Basic Control Number (*Required) please fill out or application cannot be processed

Company Name (20 characters maximum, including spaces) _____

X _____
Authorizing Signature (*Required) Please read the Agreement before signing. _____ Date _____

PRINT Authorizer's Name _____ Title _____ Phone Number _____
Fax Number _____

* All applications require a signature (name & title) of an authorized Company Representative or Program Administrator to issue a Corporate Card.

AGREEMENT:
Company and the Applicant (a) request that a Corporate Card be issued to the Applicant on the Company's account, (b) authorize the receipt and exchange of credit information on the Company and the Applicant, (c) agree to be bound by the Agreement sent with the Card and by the Agreement covering Corporate Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Card will be used for business or commercial purposes only. The Applicant (a) authorizes American Express to notify the Company if this application is declined or if spending restrictions are applied to the Corporate Card, and (b) agrees to be liable for payment to American Express of all amounts charged to the Corporate Card.

Employee:
*Required fields must be completed or application cannot be processed
Please complete and send to Program Administrator

Program Administrator:
*Required fields must be completed or application cannot be processed
Complete form and send to:
American Express
P.O. Box 53816
Phoenix, AZ
85072

or
fax to
623 492-3884



Corporate Services