

Application for the American Express® Corporate Card



Corporate Services

Application Information — Please complete all items below for timely processing

Name as you would like it to appear on the Corporate Card (20 characters only, including spaces)

Billing Address (20 characters only, including spaces)

Home Office

City (17 characters only, including spaces)

State

Zip Code

Home Address (If different than billing address)

City (17 characters only, including spaces)

State

Zip Code

Social Security Number

Business Phone Number

Home Phone Number

Employee ID Number (10 characters only)

Cost Center Number (10 characters only)

Employee's Signature (Please read the Agreement before signing)

Date

By signing above I indicate my acceptance of the terms and conditions of the Agreement.

Program Administrator

Basic Control Number (Please fill out or application processing will be delayed)

3 7 8 2 - 7 _____

Company Name (20 characters only, including spaces)

Authorizing Signature* (Please read the Agreement before signing)

X _____

Date

PRINT Authorizer's Name

Title

Phone Number

*All applications require a signature (name and 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 Agreements 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.

Complete form and send to:

American Express, Program Administrator, P.O. Box 53816, Phoenix, AZ 85072 or fax to 602-492-3884