

Application for the American Express® Corporate Card

Application Information – Please complete all information below for timely processing

The
American
Express
Corporate
Card
Program

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

X

Employee's Signature Please read the agreement before signing.
By signing above I indicate my acceptance of the terms and conditions of
the agreement.

Date

Program Administrator

3782 – 7

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

Company Name (20 characters only, including spaces)

X

Authorizing Signature *Please read the agreement before signing.

Date

PRINT Authorizer's Name

Title

Phone Number

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

OUR AGREEMENT: The Applicant and the undersigned Company, through its authorizing officer, (a) request that a card be issued on the Company's account to the Applicant, and (b) authorize the receipt and exchange of credit information on both the Applicant and the Company, and (c) agree to be bound by the terms and conditions of the Agreement(s) received with each Card (Agreement").

The individual Applicant (a) authorizes American Express to notify the Company if American Express decides to decline this application, (b) agrees to use the Card issued in connection with a business account opened in the Company's name, and (c) agrees to be liable for payment of all charges to the Card in accordance with the terms of the Agreement.

All applications require countersignature of an authorizing officer of the Company to authorize issuance of the Card even if the same individual signs twice. **TITLE MUST BE INDICATED.**

Payment for charges on your Card account is due in full upon receipt of your monthly statement. If an amount is past due for two billing cycles a delinquency assessment of \$10 or 2.5% of the seriously delinquent amount, whichever is greater, will be added except as provided below. If an amount is past due for three billing cycles a delinquency assessment of \$10 or 2.5% of all past due amounts, whichever is greater, will be added except as provided below. (The amounts indicated below will be assessed in the States indicated in lieu of the amounts set forth above: Michigan, Texas 1.5%; Mississippi, greater of \$5 or 2.5% (\$50 maximum); North Dakota 1.75%; Virginia 2.5%; Massachusetts 1.5% of seriously delinquent amounts only). Court costs plus attorney's fees of up to 15% of the then unpaid balance of the Card account may be added to your balance.

Employee:
Please
complete
and send to
Program
Administrator