



**Experienced difficulty using the Card?**

Please tell us if you've experienced difficulty paying with the American Express® Card at any time. You can reply by phone or fax.

**By Phone**

Simply ring American Express at 0 2273 5544.

**By Fax**

Please take a moment to complete this form and fax it back to us at 0 2273 0309. The fields in bold are essential for us to follow up on your feedback.

Please tell us the nature of the problem:

<b>Type of Incident (tick option):</b>	<input type="checkbox"/> Merchant requested payment by: Other Card    Cash/Cheque    Others
	<input type="checkbox"/> They requested a surcharge for using the American Express Card
	<input type="checkbox"/> They requested a minimum charge for using the American Express Card
	<input type="checkbox"/> They told me about other payment methods but not the American Express Card
	<input type="checkbox"/> There was no American Express sign displayed, only signs for other cards
<b>Name of Business:</b>	<input type="text"/>
<b>Type of Business (e.g. Restaurant):</b>	<input type="text"/>
<b>Business Address:</b>	<input type="text"/>
City/Town:	<input type="text"/>
State:	<input type="text"/>
Postcode:	<input type="text"/>
<b>Country:</b>	<input type="text"/>
Business Phone Number (including Area Code):	<input type="text"/>
<b>Business Web Site Address (URL): (Required for Internet Companies)</b>	<input type="text"/>
Your Name:	<input type="text"/>
Your American Express Card Number:	<input type="text"/>
Your E-mail Address*:	<input type="text"/>
	<small>*Providing your E-mail Address will enable you to receive special communications and offers from American Express, suited to your needs. Read our Privacy Statement on <a href="http://www.americanexpress.co.th">www.americanexpress.co.th</a> concerning use of E-mail Addresses.</small>
<b>Date of incident (dd/mm/yyyy):</b>	<input type="text"/>
Time of incident:	<input type="radio"/> AM <input type="radio"/> PM