



# AMERICAN EXPRESS® CORPORATE GOLD CARD APPLICATION

**Employee/Applicant:**  
\*Required fields must be completed or application cannot be processed. Please complete and send to Program Administrator listed on application.

**Program Administrator:**  
\*Required fields must be completed or application cannot be processed. All applications require a signature (Name & Title) of an authorized Company Representative or Program Administrator.

Please complete and send to:  
American Express  
P.O. Box 53800  
Phoenix, AZ 85072-3800  
Or  
Fax to:  
1-623-492-3884

**AGREEMENT:** Company and the Applicant (a) request that a Corporate Gold 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 for determining creditworthiness, (c) agree to be bound by the Agreement sent with the Corporate Gold Card and by the agreements covering Corporate Gold Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Gold Card will be used for business or commercial purposes only. The Applicant authorizes American Express to notify the Company if this application is declined or if spending restrictions are applied to the Corporate Gold Card.

## Application Information - Application cannot be processed without required information

**Legal Name ("Applicant")** Do not abbreviate

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**Name ("Applicant")** As you would like it to appear on your Card (\*Required – 20 characters maximum, including spaces)

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<b>Billing Street Address</b> (*Required – 20 characters maximum, including spaces)	<b>Home</b>	<b>Office</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>City</b> (17 characters maximum, including spaces)	<b>State</b>	<b>Zip Code</b>

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**Home Street Address** (\*Required, if different than billing address)

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<b>City</b> (17 characters maximum, including spaces)	<b>State</b>	<b>Zip Code</b>
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**Email Address** (\*\*Required)

**Social Security Number** (\*Required)

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**Business Phone Number** (\*Required)

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**Home/Personal Phone Number** (\*Required)

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**Employee ID Number** (10 characters maximum)

**Cost Center Number** (10 characters max.)

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**Universal Number** (25 characters maximum)

**Date of Birth** (\*Required mm/dd/yyyy)

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**Employee's/Applicant's Signature** Please read the Agreement before signing. (\*Required)  
By signing below I indicate my acceptance of the Terms and Conditions of the Agreement.

X \_\_\_\_\_ Date  
**Program Administrator - Application cannot be processed without required information**

**Basic Control Number** (\*Required - please fill out, or application cannot be processed)  
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**Company Name ("Company")** (20 characters only, including spaces)

**Authorizing Signature** Please read the Agreement before signing. (\*Required)  
I am authorized to complete this enrollment authorization on behalf of the Company.

X \_\_\_\_\_ Date  
**PRINT Authorizer's Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone Number**  
- -

**PRINT Program Administrator ("PA") Name** May be previously filled out by PA \_\_\_\_\_ **PA Phone Number**  
(\*Required) \_\_\_\_\_  
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## CORPORATE EXPRESS CASH INFORMATION

Indicate the withdrawal limit for this applicant:  
\$ \_\_\_\_\_

\*\* We may notify you about important account updates and services that may be suited to your needs. We will never share your email address. For information about how we protect your privacy, please visit [americanexpress.com/privacy](http://americanexpress.com/privacy).

**IMPORTANT INFORMATION ABOUT OPENING A NEW AMERICAN EXPRESS CORPORATE GOLD CARD ACCOUNT:** We are required to collect and verify information that identifies each person that opens an account in accord with our Global Anti-Money Laundering (AML) Policy, which is designed to ensure that American Express is in compliance with all applicable laws, rules and regulations related to AML and anti-terrorist financing initiatives. What this means for you: When you open an account, we may ask for your name, a street address, date of birth, and Social Security number. If you do not have a Social Security number, we may also ask for documentation that will allow us to identify you. We appreciate your cooperation.

**ANNUAL FEE:** The annual fee for the Corporate Gold Card is **\$125** and will be billed to your account annually. Effective March 6, 2020, the annual fee will increase to **\$250**.