



AMERICAN EXPRESS® CORPORATE PURCHASING 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 Purchasing 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 Purchasing Card and by the agreements covering Corporate Purchasing Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Purchasing 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 Purchasing Card.

Application Information – Application cannot be processed without required information

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

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

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

City <i>(17 characters maximum, including spaces)</i>	State	Zip Code	Country
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Home Street Address *(*Required, if different than billing address)*

City <i>(17 characters maximum, including spaces)</i>	State	Zip Code	Country
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Email Address *(**Required)* **Social Security Number** *(*Required)*

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

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

Universal Number *(25 characters maximum)* **Date of Birth** *(*Required mm/dd/yyyy)*

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**

Spending Limit Information

Transaction Limit \$ <i>(*Required) (Cannot exceed Monthly Limit and cannot exceed \$99,999)</i>	Variance on Transaction Limit <i>(Mark either default or other. If other, choose 0-99%, whole numbers only.)</i>
	<input type="checkbox"/> Default 10% <input type="checkbox"/> Other (0-99%)
Monthly Limit \$ <i>(*Required) (Cannot exceed \$9,999,999)</i>	Variance on Monthly Spending Limit <i>(Mark either default or other. If other, choose 0-99%, whole numbers only.)</i>
	<input type="checkbox"/> Default 10% <input type="checkbox"/> Other (0-99%)
PL Threshold Limit \$	Preferred List ID

Industry Restrictions – check all industry categories where Card usage should be blocked

No Restrictions Lodging Restaurant Travel Oil/Gas Car Rental

Program Administrator Information

Basic Control Number *(*Required - please fill out or Application cannot be processed)*

New BCA?

Authorizing 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**

PRINT Authorizer's Name **Title**

Phone Number

PRINT Program Administrator Name *May be previously filled out by PA* **PA Phone Number**
*(*Required)*

** 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.

IMPORTANT INFORMATION ABOUT OPENING A NEW AMERICAN EXPRESS CORPORATE PURCHASING 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.