



Enterprise Incident Response Program Merchant Data Incident- Initial Notice Form

Please fill out the following information as soon as possible. To ensure timeliness, leave any unknown fields blank. Report the incident ASAP by sending this form via e-mail to the American Express Enterprise Incident Response Program (EIRP) at EIRP@aexp.com.

Date of Initial Notice:	AXP Merchant ID (MID) aka SE#:
Merchant Contact Information	
<i>Complete this section with the information for the party who experienced a data compromise.</i>	
Merchant Name:	Contact Name:
Doing Business As (DBA):	Contact Title:
Merchant Address:	
Phone Number:	E-mail Address:
Data Incident Information	
What type of protected data is potentially affected? (Check all that apply)	
<input type="checkbox"/> Card Account Number <input type="checkbox"/> E-mail Address <input type="checkbox"/> PIN Number <input type="checkbox"/> Address <input type="checkbox"/> Track 1 Data <input type="checkbox"/> Track 2 Data <input type="checkbox"/> Passwords <input type="checkbox"/> Driver's License Number <input type="checkbox"/> Name <input type="checkbox"/> Date of Birth <input type="checkbox"/> Expiration Date <input type="checkbox"/> Card ID (4 digits on front) <input type="checkbox"/> Social Security Number (National ID) <input type="checkbox"/> Other <input type="text"/>	
Date breach discovered:	Date the breach occurred:
Window of exposure: From: To:	
Description of Event: What happened? How and when was it contained? <i>Please give as much detail as possible.</i>	
Was a forensics investigator or PFI engaged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending If yes, please list the contact information: Company Name: Investigator: Phone Number: E-mail:	
Did you notify any of your customers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were any of those customers American Express Cardmember(s): <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a copy of your notification along with this form in the email to EIRP.</i>	
Has the data incident been disclosed publicly? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending If yes, through which medium? <input type="checkbox"/> Press release <input type="checkbox"/> Media report <input type="checkbox"/> Disclosure on your website <input type="checkbox"/> Other <input type="text"/>	
Date of release/disclosure: <i>If yes, please attach a copy of your disclosure along with this form in the email to EIRP</i>	
Was a law enforcement agency contacted or involved? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the agency's contact information: Name: Agency: Phone Number: Report/Case Number:	
Contact Information	
If you know or suspect that a data compromise has occurred, contact the American Express Enterprise Incident Response Program (EIRP) team by completing this form and emailing it to EIRP@aexp.com . An incident response manager may be in contact with you to gather further details, so please be prepared to provide full details and be responsive to the manager's requests. The manager will coordinate with you how to securely transfer the data suspected to be compromised (e.g. card/bank account numbers, etc.) to American Express. EIRP phone number: US 1-888-732-3750; International +1-602-537-3021.	