

American Express® Corporate Card Application

APPLICATION INFORMATION - PLEASE COMPLETE ALL ITEMS BELOW FOR TIMELY PROCESSING

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

Employee ID Number

X

Employee's Signature Please read the Agreement before signing.

Date

By signing above I indicate my acceptance of the terms and conditions of the Agreement.

FOR USE BY THE AMERICAN EXPRESS PROGRAM MANAGER ONLY

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

University of Miami

Company Name

X

Authorizing Signature*

Date

I am authorized to complete this enrollment authorization on behalf of the company.

C. Debi Markland

Manager

305 - 284 - 2417

PRINT Authorizer's Name

Title

Phone Number

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

AGREEMENT:

Company and the Applicant (a) request that a Corporate 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, (c) agree to be bound by the Agreement sent with the Card and by the agreements covering Corporate Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Card will be used for business or commercial purposes only. The Applicant (a) authorizes American Express to notify the Company if this application is declined or if spending restrictions are applied to the Corporate Card, and (b) agrees to be liable for payment to American Express of all amounts charged to the Corporate Card.

Send original application to: **237C Max Orovitz Building
Loc Code 1425**

THE
AMERICAN
EXPRESS
CORPORATE
CARD
PROGRAM

Employee:
Please complete
and send to
Program
Administrator

Program
Administrator:
Complete form
and send to:
American Express
P.O. Box 53816
Phoenix, AZ 85072

or

fax to:
623 492-3884



Corporate
Services