



# AMERICAN EXPRESS® MERCHANT CARD ACCEPTANCE APPLICATION

The Shaded Box Will Be Completed By The Sales Agent

ESA Corporate Name: _____		Sales Agent ID# _____	
Please check one of the following:			
<input type="checkbox"/> American Express Discount Rate* EDC	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	Paper <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %	<input type="checkbox"/> Monthly Gross Pay (+.03% if \$100K+) or <input type="checkbox"/> Daily Gross Pay
<i>or</i>	<input type="checkbox"/> American Express Monthly Flat Fee - \$5.95*	Home Based <input type="checkbox"/> <input type="checkbox"/>	Yes No
Estimated \$ <input type="text"/>	Estimated \$ <input type="text"/>	Pay <input type="checkbox"/> 3 Day <input type="checkbox"/> 15 Day <input type="checkbox"/> 30 Day	Frequency
Annual American Express Charge Volume	Average Ticket		
Franchise Name: _____	Franchise CAP#: <input type="text"/>		

\* Applies to online statements. Paper statements may be subject to additional fees.

**FULL LEGAL NAME of Corporation, Partnership or Proprietorship**

**Doing Business As (DBA, Trade Name)**

**Address**

**City**  **State**  **Zip Code**

**Federal Tax ID (TIN/EIN)**  **ACH ABA#**

**DDA#**

**URL**

**E-mail**

**Signer Information**  
**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Have You Previously Had An American Express Merchant Account #:**  Yes  No  
**If Yes, Merchant #:** \_\_\_\_\_

By signing below, I represent that the information I have provided on the Application is complete and accurate and I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information on this Application and to receive and exchange information about me, including, requesting reports from consumer reporting agencies. If I ask American Express whether or not a consumer report was requested, American Express will tell me, and if American Express received a report, American Express will give me the name and address of the agency that furnished it. I understand that upon American Express' approval of the business entity indicated above to accept the American Express Card, the Terms and Conditions for American Express® Card Acceptance ("Terms and Conditions") will be sent to such business entity along with a Welcome Letter. By accepting the American Express Card for the purchase of goods and/or services, you agree to be bound by the Terms and Conditions.

**Please Sign Here X** \_\_\_\_\_ **Date:** \_\_\_\_\_

**American Express Merchant Services 1-800-528-5200**  
**Visit: [www.americanexpress.com/merchantservices.com](http://www.americanexpress.com/merchantservices.com)**