

Application for the American Express® Corporate Card

APPLICATION INFORMATION - PLEASE COMPLETE ALL ITEMS BELOW FOR TIMELY PROCESSING

**THE
AMERICAN
EXPRESS
CORPORATE
CARD
PROGRAM**

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 (10 characters only) Cost Center Number (10 characters only)

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.

PROGRAM ADMINISTRATOR

3 7 8 2 - 7
Basic Control Number (please fill out or application processing will be delayed)

Company Name (20 characters only, including spaces)

X
Authorizing Signature* Please read the Agreement before signing. Date

PRINT Authorizer's Name Title Phone Number

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

OUR AGREEMENT: The Applicant and the undersigned Company, through its authorizing officer, (a) request that a Card be issued on the Company's account to the Applicant, and (b) authorize the receipt and exchange of credit information on both the Applicant and the Company, and (c) agree to be bound by the terms and conditions of the Agreement(s) received with each Card ("Agreement").

The individual Applicant (a) authorizes American Express to notify the Company if American Express decides to decline this application, (b) agrees to use the Card issued in connection with a business account opened in the Company's name, and (c) agrees to be liable for payment of all charges to the Card in accordance with the terms of the Agreement.

All applications require countersignature of an authorizing officer of the Company to authorize issuance of the Card even if the same individual signs twice. **TITLE MUST BE INDICATED.**

Payment for charges on your Card account is due in full upon receipt of your monthly statement. If an amount is past due for two billing cycles a delinquency assessment of \$50 or 2.5% of the seriously delinquent amount, whichever is greater, will be added except as provided below. If an amount is past due for three billing cycles a delinquency assessment of \$100 or 2.5% of all past due amounts, whichever is greater, will be added except as provided below. (The amounts indicated below will be assessed in the states indicated in lieu of the amounts set forth above: Michigan, Texas 1.5%; Mississippi, greater of \$5 or 2.5% (\$50 maximum); North Dakota 1.75%; Virginia 2.5%; Massachusetts 1.5% of seriously delinquent amounts only.) Court costs plus attorney's fees of up to 15% of the then unpaid balance of the Card account may be added to your account if we must refer it to an attorney for collection. Applicant hereby represents that the Corporate Card will be used for business or commercial purposes.

**Employee:
Please complete
and send to
Program
Administrator**

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

or

**fax to
602 492-3884**

**Corporate
Services**

**AMERICAN
EXPRESS®
CORPORATE
SERVICES**

American Express® Corporate Card Non-U.S. Applicant Information

A corporate guarantee of payment is required for non-U.S. applicants if the departure date is less than 90 days after the date upon which an authorized company representative has signed the Corporate Card member application. A corporate guarantee *or* completion of this form is required if the departure date is 90 days or more from the date upon which an authorized company representative has signed the application.

- **Authorized Signature and Planned Departure Date** from the U.S. are required or there will be a delay in the issuance of the corporate card.
- **If you have any questions please call the Status Line at 1-888-800-7325.**

PLEASE PRINT AND COMPLETE ALL INFORMATION BELOW

Company Name

Applicant Name

Employee Identification Number

Arrival Date in United States

Departure Date from United States (REQUIRED)
Unknown or Indefinite will not be accepted

- **Current U.S. home address *(REQUIRED)**

Street Address

Apt. No.

City

State

Zip Code

NOTIFICATION OF EARLY DEPARTURE / TERMINATION

The company named above ("Company") agrees to notify American Express in writing immediately upon termination of the Applicant's employment or completion of his/her assignment with the Company in the U.S.. If Company fails to notify American Express of such termination of employment or completion of assignment, Company will be liable to American Express for payment of all charges incurred subsequent to the date of termination of Applicant's employment or the date of completion of the employee's assignment in the U.S..

X

*Signature of Authorizing Company Officer (REQUIRED) Title (please print) Date

Please attach the Corporate Card Application with this form and mail or fax to:
American Express Travel Related Services Company, Inc.
P.O. Box 53816
Phoenix, AZ 85072
Fax 623-492-3884
Attn: Card Issuance

 **Corporate
Services**

Corporate Card Employee Agreement

I, _____, hereby acknowledge that upon receipt of an American Express Corporate Card, I will verify the information contained on the Corporate Card and attest to its accuracy.

The American Express Corporate Charge Card will hereinafter be referred to in this agreement as "The Corporate Card".

I also agree to the following regarding my participation in the Corporate Card Program:

1. I agree to use the Corporate Card only for actual and necessary business travel and entertainment expenses, which are reimbursable by Amdocs. Under no circumstances will I use or permit others to use the Corporate Card to make personal purchases or purchases unrelated to the business of Amdocs and its affiliated corporations and subsidiaries.
2. I have been given a copy of to the Corporate Card Agreement and agree to the terms and conditions.
3. I agree to pay American Express promptly upon receipt of the monthly billing statement. I understand at 60 days past due my charging privileges may be suspended and cancelled. At that time, I agree to settle my balance in full with American Express.
4. I agree that should I misuse or permit misuse of the Corporate Card for purposes other than those specified herein, I will make restitution to Amdocs or its affiliated corporations for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.
5. I further understand that failure to follow this agreement may result in either revocation of my use privileges or other disciplinary action, including, but not limited to, termination of my employment.

If the card is lost, stolen, or misplaced, I will immediately notify American Express by telephone. I will also inform Amdocs Program Administrator of this loss. I understand that failure to notify American Express of the theft, loss, or misplacement of the Corporate Card will make me personally responsible for any fraudulent or unauthorized use of the Corporate Card and may result in immediate disciplinary action, up to and including the termination of my employment.

I agree to surrender the Corporate Card immediately upon my resignation or termination of my employment, or upon the request of any authorized representative of Amdocs. I understand that use of the Corporate Card after privileges are withdrawn is strictly prohibited. Upon resignation or termination of my employment, I agree to settle promptly all balances with American Express.

Employee Name

Employee Signature

Site

Date

Application Approved By:

Manager Name

Manager Signature