



# Application for the American Express<sup>®</sup> **Travel** Corporate Card & Corporate Express Cash

## APPLICATION INFORMATION - PLEASE COMPLETE ALL ITEMS BELOW FOR TIMELY PROCESSING

THE  
AMERICAN  
EXPRESS  
TRAVEL  
CORPORATE  
CARD  
PROGRAM

Agreement:  
This company through its authorizing office, and the Applicant signing, (a) request that the Card be issued on the Company's account, (b) authorize the receipt and exchange of credit information on the Company or Applicant, and (c) agrees to be bound by the terms and conditions of the Agreement applicable to the Company's account, and by the Agreement sent with the Card and with the cash product introductory materials. The Applicant (a) authorizes American Express to notify the Company if American Express declines this application, (b) agrees to use the Card issued in connection with a business account opened in the Company name primarily for business or commercial purposes, and (c) agrees to be held liable for payment of all charges to the Card, including any cash product transactions.

\_\_\_\_\_  
**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** (20 characters only, including spaces)

\_\_\_\_\_  
**City** (17 characters only, including spaces)

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Business Phone Number**

\_\_\_\_\_  
**Home Phone Number**

P O B O X \_\_\_\_\_  
**Business Address** (if different than billing address)

R I C H M O N D \_\_\_\_\_  
**City**

V A 2 3 2 \_\_\_\_\_  
**State Zip Code**

**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.

**X**

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**PRINT Supervisor's Name**

\_\_\_\_\_  
**Title**

(Your signature indicates your approval for this applicant to receive a corporate travel card.)

## PROGRAM ADMINISTRATOR

\_\_\_\_\_  
**Basic Control Number**

V A C O M M O N W E A L T H U N I V \_\_\_\_\_  
**Company Name** (20 characters only, including spaces)

**X**

\_\_\_\_\_  
**Authorizing Signature\*** Please read the Agreement before signing.

\_\_\_\_\_  
**Date**

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

\_\_\_\_\_  
**PRINT Authorizer's Name Title** 8 0 4 - 8 2 8 - 1 0 7 7  
**Phone Number**

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

## CORPORATE EXPRESS CASH INFORMATION - EXPANDED PROTECTION

Please process the above Cardmember application for Corporate Express Cash.  
I understand that the withdrawal limit may be adjusted by American Express.

Withdrawal limit \$ 200.00