Establishment Services

AMERICAN EXPRESS® CARD ACCEPTANCE AGREEMENT

FAX COMPLETED FORM TO 1-800-360-7951

The Shaded Box Will Be Completed By The Sales Agent

ESA Corporate Name: ______________________ Sales Agent ID # __________

Please check one of the following:

☐ American Express Discount Rate EDC ☐.☐☐ % Paper ☐.☐☐ % ☐ Monthly Gross Pay

or ☐ Daily Gross Pay

☐ American Express Monthly Fee $☐☐.☐☐

Estimated $ ☐☐☐☐☐☐☐☐ Annual American Express Charge Volume

Estimated $ ☐☐☐☐☐☐ Average Ticket

Pay Frequency ☐ 3 Day ☐ 15 Day ☐ 30 Day

Franchise Name: ______________________ Franchise CAP #: ☐☐☐☐☐☐☐☐☐☐

What Is Your Name & Address? Please Complete The Following. If You Have Any Questions Call 1-800-528-5200.

FULL LEGAL NAME of Corporation, Partnership or Proprietorship

Doing Business As (DBA, Trade Name)

Address

City State Zip Code

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. I understand that the Terms and Conditions for American Express ® Card Acceptance ("Terms and Conditions") will be sent to the business entity indicated above along with the welcome letter upon approval of such business entity to accept the American Express Card by American Express Travel Related Services Company, Inc. 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: __________

ESA COPY

ESA7697 (5/00)