



# AMERICAN EXPRESS® CORPORATE CARD APPLICATION

## Application Information - Application cannot be processed without required information

**Name** as you would like it to appear on the Corporate Card (20 characters maximum, including spaces - \*Required)

**Employee:**

\*Required fields must be completed or application cannot be processed.

**Billing Street Address** \*Required (20 characters maximum, including spaces) **Home**  **Office**   
**City** (17 characters maximum, including spaces) **State** **Zip Code**

Please complete and send to Program Administrator listed on application.

**Home Street Address** \*Required (if different than billing address)  
**City** (17 characters maximum, including spaces) **State** **Zip Code**

**Program Administrator:**

\*Required fields must be completed or application cannot be processed. All applications require a signature (name & title of an authorized Company Representative or Program Administrator)

**E-mail Address** (\*\*Required) **Social Security Number** (\*Required)  
Last four digits xxxx-xx-  
**Business Phone Number** (\*Required) **Home/Personal Phone Number**(\*Required)  
**Employee ID Number** (10 characters maximum) **Cost Center Number** (10 characters max.)  
**NOT NEEDED**  
**Universal Number** (25 characters maximum) **Date of Birth** (\*Required dd/mm/yyyy)  
/ /  
**NOT NEEDED**

**Employee's Signature** Please read the Agreement before signing. (\*Required)  
By signing above I indicate my acceptance of the terms and conditions of the Agreement.

**X** Date

## Program Administrator - Application cannot be processed without required information

**Basic Control Number** (\*Required - please fill out or application cannot be processed)  
3782-702437-71006

**Company Name** (20 characters only, including spaces)  
UNIV OF ROCHESTER

**Authorizing Signature\*** Please read the Agreement before signing.  
I am authorized to complete this enrollment authorization on behalf of the company

**X** Date

**PRINT Authorizer's Name** **Title**

**Phone Number**

**PRINT Program Administrator Name** \*May be previously filled out by PA **PA Phone Number**  
**NOT NEEDED**  
FINANCE 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.  
\*\* We may notify you about important account updates and services that may be suited to your needs. We will never share your email address. For information about how we protect our privacy, please visit [americanexpress.com/privacy](http://americanexpress.com/privacy)

**IMPORTANT INFORMATION ABOUT OPENING A NEW AMERICAN EXPRESS CORPORATE CARD ACCOUNT:** To help the United States Government fight terrorism and money laundering, Federal law requires us to obtain, verify, and record information that identifies each person that opens an account. What this means for you: when you open an account, we will ask for your name, a street address, date of birth, and an identification number, such as a Social Security number, that Federal law requires us to obtain. We may also ask to see your driver's license or other identifying documents that will allow us to identify you. We appreciate your cooperation.

