Establishment Services

AMERICAN EXPRESS® CARD ACCEPTANCE APPLICATION

The Shaded Box Will Be Completed By The Sales Agent

ESA Corporate Named: _____ Sales Agent ID # _____

Please check one of the following:

[X] American Express Discount Rate EDC 3.50% Paper .00%

or

[ ] American Express Monthly Flat Fee

[ ] **Monthly Gross Pay** (+.03% if $100K +)

or

[ ] **Daily Gross Pay**

Estimated $ _____ **Annual American Express Charge Volume**

Estimated $ _____ **Average Ticket**

Pay [X] **3 Day** [ ] **15 Day** [ ] **30 Day** **Frequency**

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:** _____