Establishment Services

AMERICAN EXPRESS® CARD ACCEPTANCE AGREEMENT

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

☐ American Express Monthly Fee $ ☐☐.☐☐ ☐ Daily Gross Pay

Estimate $ ☐☐☐☐☐☐☐☐ Estimate $ ☐☐☐☐☐☐ Pay ☐ 3 Day ☐ 15 Day ☐ 30 Day

Annual American Express Charge Volume Average Ticket 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**

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 I have read this Agreement (which includes this front page and the Terms and Conditions for American Express® Card Acceptance in the following pages) and that the business entity indicated above agrees to be bound by this Agreement. This Agreement becomes effective upon approval of such business entity to accept the American Express Card by American Express Travel Related Services Company, Inc.

Please Sign Here X_____ Date:_____