

## 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	
American Express Monthly Fee \$ . Daily Gross Pay	
Estimate \$ Pay Day Day Day	
Annual American Express Charge Volume Average Ticket Frequency	
Franchise Name: Franchise CAP #:	
Trancinse tvaine.	
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 XDate:	