

Merchant Services

AMERICAN EXPRESS® ADDITION REQUEST/APPLICATION FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (818) 702-2412.

THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED
AND APPROVED.

Thank you for your cooperation

Merchant Name:

Merchant Number:

Existing American Express® Merchant Account:

Apply for New American Express® Merchant Account:

American Express OnePoint®

American Express ESA

Discount Rate: or Monthly Flat Fee:

Transaction Fees:

Est. Annual Volume: **Est. Average Ticket:**

Pay Frequency (for AXP Direct Only):

Signature of Authorized Principal

Date

Print Name

Phone

Email Address