



American Express® Government Card Application for *State of California - D.O.T.*

APPLICATION INFORMATION - PLEASE COMPLETE ALL ITEMS BELOW FOR TIMELY PROCESSING

THE
AMERICAN
EXPRESS
CORPORATE
CARD
PROGRAM

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

Billing Address (20 characters only, including spaces - *Required) Home Office

City (17 characters maximum, including spaces) State Zip Code

Home Address (20 characters maximum, including spaces, if different than billing address - *Required)

City (17 characters maximum, including spaces) State Zip Code

Employee ID (*Required) Home/Personal Phone Number (*Required)

Business Phone Number (*Required) Fax Number

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

X
Supervisor's Signature (*Required) By signing above I indicate that the employee meets the minimum usage requirements and will only use the card for business travel purposes. Date

In order to apply for and maintain a Corporate American Express Card, a traveling employee must take a minimum of 5 trips per year or incur expenses of \$5,000 or more per year.

Your card will automatically be canceled if one of the above requirements are not met.

Employee:
Please Fax to Program Administrator (PA)

PROGRAM ADMINISTRATOR

2 - 7 8 4 3 8 8 - 0 1 0 0 9

Basic Control Number (please fill out or application processing will be delayed)

S T A T E _ O F _ C A L I F O R N I A
Company Name (20 characters maximum, including spaces)

X
Program Administrator's Authorizing Signature (*Required) *Please read Agreement before signing. I am authorized to complete this enrollment authorization on behalf of the company. Date

Eric Lau, Program Administrator 9 1 6 - 2 2 7 - 9 0 7 9
PRINT Authorizer's Name Title Phone Number

* All applications require a signature (name & title) of an authorized Program Administrator . 9 1 6 - 2 2 7 - 9 3 5 7
Fax Number

OUR AGREEMENT: The applicant and the undersigned Employer, through its authorizing officer, (a) request that a Corporate Card be issued to the Applicant on the Company's account to the applicant, (b) authorize the receipt and exchange of credit information on the applicant and, (c) agree to be bound by the terms and conditions of the Agreement(s) received with each Card. The individual applicant (a) authorizes Amexco to notify the Employer if Amexco decides to decline this application, (b) agrees to use the Card issued in connection with a business account opened in the Employer's name, (c) agrees to be liable for all charges to the Card, and (d) agrees to maintain the Card in a current status. If additional information becomes available which would have influenced Amexco's decision to preapprove this application prior to the issuance of the Card Amexco reserves the right to withdraw such approval. The individual to whom the Card is issued will be billed for all charges incurred on said Card and a separate remittance is required. All applications require countersignature of an authorizing officer of the Employer to authorize issuance of the Card even if the individual signs twice. **TITLE MUST BE INDICATED.** There is no annual fee. Payment for charges on your Card account is due in full upon receipt of your monthly billing statement. Court costs plus attorney's fees of up to 15% of the then unpaid balance of the Card account may be added to your account if we must refer it to an attorney for collection.



Corporate Services

**California State Department of Transportation and
American Express
Government Card Employee Agreement**

The American Express Government Card has been offered to frequent travelers of the State of California (Department of Transportation) to facilitate government travel.

By applying for and receiving an American Express Government Card, I as a Cardholder have read the information on the Government Card numbered below and agree to abide by this policy.

The American Express Government Card will hereinafter be referred to in this agreement as "the Government Card".

I agree to the following regarding my participation in the Government Card Program:

1. I agree to use the Government Card only for actual and necessary business travel expenses, which are reimbursable by law.
2. I agree to maintain my account at less than 30 days past due by submitting my Travel Expense Claim in a timely manner. I understand at 45 days past due the charging privileges will be suspended. I further understand at 60 days past due the Government Card may be canceled. At that time, I agree to settle my balance in full with American Express. I understand that any portion of my account that goes to Collections will reflect on my personal credit score.
3. I agree to follow the established procedures set forth in this memo for using the Government Card.

If the card is lost, stolen, or misplaced, I will immediately notify American Express by telephone (1-800-528-2122). I will also inform the Department of Transportation Program Administrator of this loss. I understand that failure to notify American Express of the theft, loss, or misplacement of the Government Card will make me personally responsible for any fraudulent or unauthorized use.

I agree to surrender the Government Card immediately upon my retirement or any termination of my employment, or upon the request of any authorized representative of Department of Transportation. Upon termination I agree to settle all balances with American Express.

Should you not wish to comply with this policy, please destroy your card and contact your Department Program Administrator @ 916-227-9079 to cancel the card. Make sure your card is paid in full to avoid injury to your credit history.

Government Cardholder Signature

Date



**Corporate
Services**

Save time by managing your Government Card account online with **Manage Your Card Account**.

Manage Your Card Account allows you to review both your Personal and Government Card activity and reconcile expenses at any time online 24/7, without having to call American Express or wait for American Express® monthly statements to arrive in the mail. In addition, you can be set up to make payments for Corporate Card charges online and/or by phone.

For the American Express® Government Card, monthly billing statements are sent electronically to you. To receive your statements electronically, you must enroll in **Manage Your Card Account (MYCA)**, the secure account website from American Express.

How to Enroll in MYCA

Go to the [American Express](#) website and click "Continue" to begin registration. For your reference, have your Government Card available

- Create a user ID and password.
- Enter the Card account number and Card ID in the appropriate spaces.
- Enter security information and a valid e-mail address.
- Select account alerts you may find helpful, such as "Payment Due" or "Payment Received" notifications.

Once enrolled, each month you will automatically receive an e-mail notification with a link to your newest statement.

How to View Your Online Statement

Viewing your current and past statements is easy with the MYCA site.

- Go to [americanexpress.com](#) and log in using your User ID and Password. Make sure "Cards View and Pay Bill" is selected in the drop-down menu.
- Click on the image of your Corporate Card. The screen will expand to show more options.
- Click "Online Statements". On the "Card Activity" page you can view merchant details, pull up charges from previous statements and more.
- To download your Online Statement, click "View Your Billing Statement". The "Download Billing Statement" page will display links to PDF versions of all your statements for the last six months.
- Click "View/Download" for the most recent statement and either select "Open" to launch the PDF or "Save" to save a copy to your desktop.

If you have any difficulties enrolling in MYCA you may call 1-800-AXP-1234.

This Individual Amex Government Card:

Is issued in the traveler's name based on personal credit history,

Is for travel-business use only, and

The traveler must pay all charges in full monthly.

Toll- Free Numbers

American Express 24-hour Customer Services: 800.528.2122; American Express Emergency Card Replacement: 800.441.0519; American Express Application Status and Decline Hotline: 888.800.7325



**Corporate
Services**