



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

APPLICATION INFORMATION - PLEASE COMPLETE ALL ITEMS BELOW FOR TIMELY PROCESSING

____ 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 number (*Required)

____ Home/Personal Phone Number (*Required)

____ Business Phone Number (*Required)

____ Fax Number

X _____

Date

Employee's Signature (*Required) Please read the Agreement before signing.

By signing above I indicate my acceptance of the terms and conditions of the Agreement.

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.

THE
AMERICAN
EXPRESS
CORPORATE
CARD
PROGRAM

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)

916-227-8662



Corporate
Services