

THE AMERICAN EXPRESS® GOLD CARD SUPPLEMENTARY APPLICATION FORM

To apply for a Supplementary Gold Card, please fax your details and signed declaration to American Express on **0800 372 458** or mail it to **Freepost 1588, American Express International (NZ), Inc., P O Box 4005, Auckland 1140.**

Declaration

Important: The Basic Cardmember and Supplementary Card Applicant must read the information and sign below.

TO AMERICAN EXPRESS INTERNATIONAL (NZ), INC.:

1. Basic Cardmember

I request you to issue the Supplementary Card(s) specified in the application, and I declare that:

- the information I have given on this application is true and complete and I authorise you to check that information. I acknowledge that you rely on this information to consider this application;
- I am financially solvent and able to pay all my debts as they fall due;
- I understand and agree that I will be liable for all Charges on the Supplementary Card(s). This includes Charges incurred at any time until each Card is cut in half, returned to American Express and no longer used;
- you may produce this application or a copy or other reproduction of it as evidence of this application for the Supplementary Card(s) and my agreement to this Declaration.

2. Supplementary Card Applicant

Authority to American Express International (NZ), Inc. under the Privacy Act:

I agree that, subject to the Privacy Act, you and your agents may do the following (and providing this application is approved, this agreement continues until such time as the Account is closed and any credit is repaid):

- Obtain credit reports about me from credit reporting agencies to confirm my identity and to assess this application, and from a business that provides commercial credit worthiness information.
- Verify with the LTNZ, driver's licence and car registration information provided by me.
- Provide personal information to any organisation whose name, logo or trademark appears on my application or on the Card issued to me for marketing, planning, product development and research purposes and seek from and exchange with such organisations personal information about me.
- Use personal information for marketing purposes. This includes putting my name and contact details on marketing lists for the purposes of customer research and offering me goods or services of an American Express company or of any third party acting on behalf of American Express, by mail, email or telephone or having your related companies do so directly. After approval of this application, I understand that I can call 0800 656 660 to remove my name from your marketing lists. I acknowledge my request may take 6-8 weeks to process.
- Transfer personal information confidentially to your related companies and other organisations which issue or service American Express Cards or provide services to you, subject to appropriate conditions of confidentiality. This includes transferring personal information to the USA or other countries for data processing and servicing.
- Monitor and record my telephone conversations with you from time to time for training, quality control or verification purposes.

If I believe that any information you hold about me is incorrect, I will write to the Privacy Officer at American Express International (NZ), Inc., PO Box 4005, Auckland 1140.

Supplementary Annual Card Fees

If one or more Gold Supplementary Cards are approved and issued in connection with this application, I agree to pay an Annual Card Fee of \$70 for each Supplementary Card.

Signature of Basic Cardmember

X _____ Date / /

Signature of Supplementary Card Applicant

X _____ Date / /

By signing above I/We certify that I/We have read and agreed to the above declaration with respect to Supplementary Cardmembership.

For Office Use Only

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Basic Gold Cardmember's Name		SC: 7X2570B001
Surname		

First Name		Middle Initial
_____		_____
My American Express Card number is		
3 7 7 4 _____		
Date of Birth DD / MM / YY		

Supplementary Gold Card Applicant Details		
The Basic Cardmember has known the Supplementary Card Applicant for:		
<input type="checkbox"/> 6-12 Months <input type="checkbox"/> 12 Months or more		
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		
Surname		

First Name		Middle Initial
_____		_____
Relationship to Basic Cardmember		

Home Address		

Postcode		

Home Phone No. ()		

Name to appear on Supplementary Card		

Date of Birth DD / MM / YY		

Confirmation of Identity		
For your security and to meet legal requirements, we need to verify the identity of all Cardmembers. To assist in this process we require your NZ Driver's Licence and/or Car Registration Number if held.		
NZ Driver's Licence No.		
_____		_____
(Field 5a on your Licence)		(Field 5b)
Car Registration No.		

Note: Your NZ Driver's Licence No. and Car Registration No. will be verified with the LTNZ for confirmation of identity.		
Please note, American Express may need to contact you to gather additional information to verify your identity.		
The Basic Cardmember and Supplementary Card Applicant must read and sign the declaration on the right, then return to the address or fax number above.		
For Supplementary Card enquiries, please call us on 0800 656 660 Monday to Friday 8am-6pm.		



www.americanexpress.co.nz

American Express International (NZ), Inc. Incorporated in Delaware, USA.
Principal Place of Business in New Zealand, 600 Great South Road, Ellerslie, Auckland, 1051.
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