American Express® Corporate Card Cancellation Form

Please forward to: American Express Australia Limited Corporate Services

PO Box 5087, Sydney NSW 2001, Australia. Fax: 61 2 9271 1999

To ensure cancellation of the Corporate Card please complete and sign the form below.

| 1. Corporations Details | |
|--|--|
| Company Name: Corporate ID: Cost Centre Name: | |
| 2. Cardmember Details | |
| Please arrange to cancel the following Corporate Cards: Name: (as it appears on the card) | Name: (as it appears on the card) |
| Corporate Card Account Number: | Corporate Card Account Number: |
| Contact Address for Departing Emplyee: | Contact Address for Departing Emplyee: |
| | |
| 3. Cancellation Information | |
| Please indicate the reason for cancellation: The employee has left the Company The Card has been withdrawn from the employee The employee has retired The Card is no longer utilised The Card Account has been reorganised The service has not been satisfactory An alternative method of expense funding is now used Other. Please specify | The employee has left the Company The Card has been withdrawn from the employee The employee has retired The Card is no longer utilised The Card Account has been reorganised The service has not been satisfactory An alternative method of expense funding is now used Other. Please specify |
| 4. Information Request | |
| I require additional Corporate Card application forms I would like a Sales Manager to call me to discuss my Account | |
| 5. Mandatory | |
| The individual signing below on behalf of the above-named Company warrants that he/she is authorised to do so. | |
| Authorised Signature: | Date: / |
| Name: (please print) | |
| Position held in Company: | |



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