

American Express® Corporate Account and Corporate Card Reinstatement Form

Please forward to: American Express Australia Limited Corporate Services
PO Box 5087, Sydney NSW 2001, Australia. Fax: 61 2 9271 1999

To ensure reinstatement of the Company's Corporate Account and/or Corporate Card(s) please complete and sign the form below.

1. Corporations Details

Company Name: _____

Corporate ID: _____

2. Cardmember Details

The following Corporate Card(s) need to be reinstated:

Name: (as it appears on the card) _____ (Mandatory)

Corporate Card Account Number: _____ (Mandatory)

Name: (as it appears on the card) _____ (Mandatory)

Corporate Card Account Number: _____ (Mandatory)

3. Reinstatement

New Cards will be issued upon application approval. Please do not use the cancelled cards. Please allow up to 10 days for processing. Emergency cards can be made available however, charges may apply.

4. 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: _____