



ADDITIONAL CARD ENROLMENT FORM

Corporate Membership Rewards Program

Please use BLOCK letters to complete this form. All fields are mandatory.

Please enrol American Express® Corporate Cards of the following employees in the **American Express Corporate Membership Rewards program**. An annual fee of \$89 per Corporate Card and Corporate Gold Card will apply*.

(NB: Any employees currently enrolled in the Individual Membership Rewards program cannot be enrolled in the Corporate Membership Rewards program at the same time. Please contact your Account Manager for information on how to cancel Card Member enrolment in the Individual Membership Rewards program.)
*No additional Corporate Membership Rewards program fee will be charged for American Express® Corporate Platinum Cards.

1. Company Information

Company Name	
Corporate ID	
Company Membership Rewards Account Number	

2. Cards to be enrolled in Corporate Membership Rewards

Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	
Card Member Name	
Card Number	



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3. Corporate Membership Rewards Program Administrator Authorisation

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Full Name	<input type="text"/>					
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	(Country Code)	(Area Code)	(Phone Number)			
Designation	<input type="text"/>					
Business Email Address	<input type="text"/>					

(Your email address is mandatory as a means to contact you regarding this program only and won't be used for marketing purposes).

4. Confirmation

I accept the annual Corporate Membership Rewards program fee of \$89 for each Corporate Card enrolled. Requested by the Authorised Signatory or Corporate Membership Rewards Program Administrator for and on behalf of the Company.

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Full Name	<input type="text"/>					
Telephone Number	<input type="text"/>	<input type="text"/>	<input type="text"/>			
	(Country Code)	(Area Code)	(Phone Number)			
Designation	<input type="text"/>					
Business Email Address	<input type="text"/>					

(Your email address is mandatory as a means to contact you regarding this program only and won't be used for marketing purposes).

By signing this form, I agree and have understood the Terms and Conditions of the Corporate Membership Rewards program (Terms and Conditions are available at www.americanexpress.com.au/corporatemr).

Signature	<input type="text"/>	Date (DD/MM/YYYY)	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Please email a scanned copy of your completed and signed form to cmrsubmissions.au@aexp.com for processing^

^Please note this email address may only be used for the purpose of submissions of applications, cancellations or changes relating to the Corporate Membership Rewards program. Unfortunately we are unable to reply from this email address if correspondence is not related to the topics indicated.



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