

ENROLLMENT FORM
Additional Card Enrollment

To: American Express International, Inc.
Global Corporate Payments

Please enroll the American Express® Corporate Cards of the following employees in the American Express Corporate Membership Rewards program.

※Points will be accrued after (Corporate) Membership Rewards program registration. Please note that the registration process takes approximately two weeks after we have received the application form.

1 Company Information

COMPANY NAME _____

CONTROL ACCOUNT NO. _____
(11 or 15 digits)

By signing this form, I agree to and have understood the Terms and Conditions of the Corporate Membership Rewards program. I also accept the annual Corporate Membership program fee of 2,000 yen (+ consumption tax) for each Corporate Card enrolled.

PROGRAM ADMINISTRATOR NAME _____

SIGNATURE _____ DATE (YYYY/DD/MM) ____/____/____

Please mail your completed and signed form to:

Address: 4-30-16, Ogikubo, Suginami, Tokyo, 167-8001
American Express International, Inc.
Global Corporate Payments



ENROLLMENT FORM
Additional Card Enrolment

2 Cards to be Enrolled in Corporate Membership Rewards

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.

CARD MEMBER NAME _____

CARD NUMBER * | * | * | * | - | | | | | | | | | | - | | | | | | | | | |

*Please exclude the first 4 digits of your card number.