

CANCELLATION
OF
CARD ENROLLMENT

To: American Express International, Inc.
Global Corporate Payments

We hereby confirm that we wish to remove the following Card Members from the **American Express® Corporate Membership Rewards** program.

※If an individual card is removed from the program, the Corporate Membership Rewards Card Fee will be refunded at the pro-rated amount. All refunds will be applied to the Program Administrator Card.

1 Company Information

COMPANY NAME _____

CONTROL ACCOUNT NO. _____
(11 or 15 digits)

PROGRAM ADMINISTRATOR NAME _____

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

Please mail your completed and signed form to:

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



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2 Cards to be removed from the Corporate Membership Rewards program

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 * * * * - _____ - _____

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