

CANCELLATION FORM  
Cancellation of Program Enrollment

To: American Express International, Inc.  
Global Corporate Payments

Please cancel our company's **Corporate Membership Rewards** program as listed below.

COMPANY NAME \_\_\_\_\_

CONTROL ACCOUNT NO. \_\_\_\_\_  
(11 or 15 digits)

I confirm that I have read and understood the Terms and Conditions of cancellation of the **Corporate Membership Rewards** program.

Please cancel our company's **Corporate Membership Rewards** program as listed above.

**Signed by the Program Administrator on behalf of the company.**

PROGRAM ADMINISTRATOR NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE (YYYY/MM/DD) \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail your completed and signed form to:

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

