



AMERICAN EXPRESS® CORPORATE MEMBERSHIP REWARDS

Additional and Cancellation of Card Enrollment Form

To: American Express International, Inc., Global Commercial Services

1. Company Information														
COMPANY NAME														
PROGRAM ADMINISTRATOR NAME														
By signing this form to add a Card, 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 2,200 yen (tax included) for each Corporate Card enrolled.														
SIGNATURE														
CONTROL ACCOUNT NO. (15 digits)	0	1	0											

- ※ 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.
- ※ 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.

Please mail your completed and signed form to:
Address: 4-1-1 Toranomom, Minato-ku, Tokyo, Japan 105-6920
American Express International, Inc.
Global Commercial Services

Please enroll / remove the following Card Member(s) in the American Express Corporate Rewards Program.

2. Card information to add or cancel

CARD MEMBER NAME	(First)	(Last)
CARD NUMBER	* * -	-
*Please exclude the first 2 digits of the Card number.		
Please choose one of the following. <input type="checkbox"/> Add a Card <input type="checkbox"/> Cancellation of Card		
CARD MEMBER NAME	(First)	(Last)
CARD NUMBER	* * -	-
*Please exclude the first 2 digits of the Card number.		
Please choose one of the following. <input type="checkbox"/> Add a Card <input type="checkbox"/> Cancellation of Card		
CARD MEMBER NAME	(First)	(Last)
CARD NUMBER	* * -	-
*Please exclude the first 2 digits of the Card number.		
Please choose one of the following. <input type="checkbox"/> Add a Card <input type="checkbox"/> Cancellation of Card		
CARD MEMBER NAME	(First)	(Last)
CARD NUMBER	* * -	-
*Please exclude the first 2 digits of the Card number.		
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CARD MEMBER NAME	(First)	(Last)
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