

The American Express[®] Business Card

Please allow up to 10 business days for processing.
All fields are MANDATORY and must be completed in black pen and BLOCK LETTERS.

SECTION 1 – PRIMARY CARD APPLICANT DETAILS

How would you like your name to appear on your new Card?

You can use a maximum of 20 characters, including spaces (Please spell your last name in full)

How would you like the name of the business to appear on your new Card? You can use a maximum of 20 characters, including spaces. **It must be the registered business name OR the trading name OR a reasonable variation on either.**

Title Mr Mrs Miss Ms Dr

First Name
Middle Name
Last Name
Date of Birth (You must be over 18 years to apply) DD / MM / YYYY

NZ Driver's Licence No.
(Field 5a on your Licence) (Field 5b)

Note: Your NZ Driver's Licence No. will be verified with the NZTA for confirmation of identity.

Gross Annual Personal Income \$

(You must earn over \$50,000 p.a. to apply for this Card.)

SECTION 2 – APPLICANT HOME DETAILS

Current residential address (Please do not provide a PO Box No.)

Unit No. House No.

Street Name
Suburb City Postcode

Residential Status (please tick one)

- Mortgage Own Outright
 Rent Board/Living With Parents

SECTION 3 – CONTACT DETAILS

Business Contact Number –

Mobile Contact Number

Email Address

Please tick here if you would like to receive exclusive offers and opportunities from American Express via email.

Please tick here if you would like to receive an email notification to view your statement online and not receive your statement by mail.

SECTION 4 – MEMBERSHIP REWARDS

Please tick here if you wish to enrol in Membership Rewards and redeem points for airline reward programs plus a wide range of merchandise and Gift Cards. (Fees apply and will appear on your first statement. See Declaration overleaf for details).

SECTION 5 – BUSINESS DETAILS

Nature of business

- | | |
|---|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Computers/Electronics |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Consultant/Investment |
| <input type="checkbox"/> Education | <input type="checkbox"/> Entertainment |
| <input type="checkbox"/> Export/Import/Distribution | <input type="checkbox"/> Finance and Banking |
| <input type="checkbox"/> Food Services | <input type="checkbox"/> General Service Motor |
| <input type="checkbox"/> Government/Public Sector | <input type="checkbox"/> Hospitality/Lodging |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Media |
| <input type="checkbox"/> Medical/Health Care | <input type="checkbox"/> Military |
| <input type="checkbox"/> Natural Resources | <input type="checkbox"/> No Information |
| <input type="checkbox"/> Non Profit | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Recruitment | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Repair/Install | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Security & Detect |
| <input type="checkbox"/> Telecommunications | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Other |

Business Entity Name

Company/Partnership Number

How long have you been in Business?

Years Months

Number of Employees

Trading Name

Jurisdiction of Incorporation (if outside NZ)

Registered Business Address

Street Name

Suburb

City

Postcode

Principal Place of Business

As above

Street Name

Suburb

City

Postcode

Latest Tax Year

Annual Business Revenue \$

Business Entity Type (PLEASE TICK ONE):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Sole Trader | Complete Section 8 – Authorised Officer of the Business |
| <input type="checkbox"/> Company | Complete Section 6 – Company Details |
| <input type="checkbox"/> Partnership | Complete Section 7 – Partnership Details |

continued over page

The American Express® Business Card

SECTION 6 – COMPANY DETAILS

COMPLETE THIS SECTION ONLY IF THE BUSINESS IS A COMPANY

Company Directors

Full Name – Director 1

Residential Address 1

Street Name

Date of Birth DD / MM / YYYY

Full Name – Director 2

Residential Address 2

Street Name

Date of Birth DD / MM / YYYY

Full Name – Director 3

Residential Address 3

Street Name

Date of Birth DD / MM / YYYY

Full Name – Director 4

Residential Address 4

Street Name

Date of Birth DD / MM / YYYY

Beneficial Owners (Individuals who directly or indirectly own 25% or more of the company)

Are the shares held by Beneficial Owner 1 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 1

Residential Address – Beneficial Owner 1

Street Name

Date of Birth DD / MM / YYYY

Percentage of ownership %

Are the shares held by Beneficial Owner 2 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 2

Residential Address – Beneficial Owner 2

Street Name

Date of Birth DD / MM / YYYY

Percentage of ownership %

SECTION 6 – COMPANY DETAILS (CONT)

Are the shares held by Beneficial Owner 3 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 3

Residential Address – Beneficial Owner 3

Street Name

Date of Birth DD / MM / YYYY

Percentage of ownership %

Are the shares held by Beneficial Owner 4 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 4

Residential Address – Beneficial Owner 4

Street Name

Date of Birth DD / MM / YYYY

Percentage of ownership %

SENIOR MANAGEMENT POSITIONS (Include only individuals who are not already listed above)

Full Name

Position (eg. CEO)

Residential Address

Street Name

Date of Birth DD / MM / YYYY

Full Name

Position (eg. CEO)

Residential Address

Street Name

Date of Birth DD / MM / YYYY

continued over page

The American Express® Business Card

SECTION 7 – PARTNERS

COMPLETE THIS SECTION ONLY IF THE BUSINESS IS A PARTNERSHIP

Full Name of the Partnership

Country of Establishment

Australia New Zealand United Kingdom United States

Full Name of Partner 1

Address of Partner 1

Street Name

Date of birth DD / MM / YYYY Percentage of ownership %

Type of Partner General Limited

Full Name of Partner 2

Address of Partner 2

Street Name

Date of Birth DD / MM / YYYY Percentage of ownership %

Type of Partner General Limited

Full Name of Partner 3

Address of Partner 3

Street Name

Date of Birth DD / MM / YYYY Percentage of ownership %

Type of Partner General Limited

Full Name of Partner 4

Address of Partner 4

Street Name

Date of Birth DD / MM / YYYY Percentage of ownership %

Type of Partner General Limited

If there are more than 4 Partners please attach on a separate page.

SECTION 7 – PARTNERS (CONT)

Beneficial Owners

(Individuals who directly or indirectly own 25% or more of the company)

Are the shares held by Beneficial Owner 1 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 1

Residential Address – Beneficial Owner 1

Street Name

Date of Birth DD / MM / YYYY Percentage of ownership %

Are the shares held by Beneficial Owner 2 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 2

Residential Address – Beneficial Owner 2

Street Name

Date of Birth DD / MM / YYYY Percentage of ownership %

Are the shares held by Beneficial Owner 3 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 3

Residential Address – Beneficial Owner 3

Street Name

Date of Birth DD / MM / YYYY Percentage of ownership %

Are the shares held by Beneficial Owner 4 in Nominee/Bearer form? Yes No

Full Name – Beneficial Owner 4

Residential Address – Beneficial Owner 4

Street Name

Date of Birth DD / MM / YYYY Percentage of ownership %

SENIOR MANAGEMENT POSITIONS

(Include only individuals who are not already listed above)

Full Name

Position (eg. CEO)

Residential Address

Street Name

Date of Birth DD / MM / YYYY

Full Name

Position (eg. CEO)

Residential Address

Street Name

Date of Birth DD / MM / YYYY

PLEASE PROCEED TO SECTION 8 – PRIMARY BUSINESS APPLICANT AND AUTHORISED OFFICER OF THE BUSINESS

The American Express® Business Card

SECTION 8 – PLEASE SIGN – PRIMARY BUSINESS APPLICANT AND AUTHORISED OFFICER OF THE BUSINESS

By signing below, you agree to be bound to the terms of the Declaration overleaf in your own right and in his/her capacity as **(PLEASE TICK ONE)**:

- Owner, if a Sole Trader Director, if a Company
 Partner, if a Partnership
 Other (Please specify role)

Signature of the Primary Business Applicant and Authorised Officer of the Sole Trader, Company or Partnership.

Signature of Applicant	
	Date D D / M M / Y Y Y Y

Name

Please return the application form via email: new.accounts.sbs@aexp.com OR
 Post to American Express International (NZ), Inc. Freepost 1588 (no postage required),
 PO Box 4005, Shortland Street, Auckland 1140.
 Please ensure that the application is only sent once. Once your application has been submitted,
 you will hear back from us within 10 working days.

Office use only

S/C:
 MR: BØØMRM
 ATI: NZC36 PCT: 820VTS SPID: 23S BASIC AML

Please specify your preferred statement cycle

Statement cycle	0	1	2	3	4	5	6	7	8	9
Time within the month	1 st – 3 rd	4 th – 6 th	7 th – 9 th	10 th – 12 th	13 th – 15 th	16 th – 19 th	20 th – 21 st	22 nd – 24 th	25 th – 27 th	28 th – 30 th

IMPORTANT: BY SIGNING AND SUBMITTING THIS APPLICATION FORM YOU AGREE TO THIS DECLARATION

TO AMERICAN EXPRESS INTERNATIONAL (NZ), INC (“AMERICAN EXPRESS”):

By submitting this application, the Business and the Primary Business Card Applicant (together “you”) request American Express to issue the Business Card specified in the application to the Primary Business Card Applicant. In addition, you declare that:

- The information given on the application is true and complete and you authorise American Express to check that information and authorise your accountants to provide and verify any further details requested concerning the information. You acknowledge that American Express relies on this information to consider the application;
- You are financially solvent and able to pay your respective debts as they fall due;
- If the application is approved, you will comply with the Card Conditions and Financial Table that American Express will send to the Primary Business Card Applicant with their Card (receipt of which will be taken to constitute receipt also by the Business), and the Business and the Primary Business Card Applicant will be jointly and severally be liable to pay all fees, charges and other amounts referred to in the Financial Table;
- If the Business is a partnership or company, the Authorised Signatory who signed this application form is duly authorised to complete this application and has done so with the knowledge and consent of the Business partners/trust beneficiaries/company directors;
- You understand and agree that the Business and Primary Business Card Application will be jointly and severally liable for all charges incurred on the Card. This includes charges incurred at any time until the Card is cut in half and returned to American Express and no longer used;
- American Express may produce this application or a copy or other reproduction of it as evidence of your application for the Card and your agreement to this Declaration

AUTHORITY UNDER THE NEW ZEALAND PRIVACY ACT 1993 (PRIVACY ACT)

In this section “personal information” means information about The Business, the Primary Card Application and any Employee Card Applicant(s), including financial circumstances, credit worthiness, credit history, credit standing, credit capacity, use of the Card and conduct of the Account and “organisation” means the organisation, if any, whose name, logo or trademark appears on this application or on the Card issued.

To confirm your identity and the identity of any Employee Card Applicants, and to assess your application, and, if it is approved, to establish and manage your Card Account American Express International (NZ), Inc. needs to:

- Collect personal information about The Business, the Primary Card Applicant and any Employee Card Applicants in this application form and from other sources, and
- Obtain agreement from The Business, the Primary Card Applicant and any Employee card Applicant(s) in relation to using this personal information.

If the Business, the Primary Card Applicant or any Employee Card Applicant(s) do not provide the information requested or give their agreement, American Express may decline the application.

You agree that, subject to the Privacy Act, American Express and its agents may do the following (and provided the application is approved, this agreement continues until such time as the Account is closed and any credit provided is repaid):

- Obtain credit reports and any other sources or reports about you or individuals named by you (whether in this application or otherwise) or identified by American Express before, during or after providing services to you, from credit reporting agencies and other businesses that provide commercial credit worthiness information, for the purpose of identity verification, assessing your application and to collect overdue payments from you.
- Verify with the NZTA, driver’s licence information provided by you.
- Disclose personal information to credit reporting agencies and the organisation before, during or after providing credit to you. This includes, but is not limited to:
 - the fact that you have applied for a Card and that American Express is a credit provider to you;
 - the amount of credit extended;
 - the Card Member’s capacity in relation to the account (ie whether they are a Primary or Employee Card Member);
 - up to 24 months of your repayment history;
 - the status of your account as either “open” or “closed” (including the date the account was opened or closed);
 - advice about Card payments which are in collection (and advice that payments are no longer overdue);
 - advice that cheque(s) drawn by you, or direct debit requests to your bank account which you have authorised American Express to make have been dishonoured;
 - American Express’ opinion that you do not intend to meet your credit obligations;
 - that credit provided to you has been paid or otherwise discharged;
 - sharing your Card application and whether it was successful; and
 - any other information permitted under the Credit Reporting Privacy Code.
- Seek from and exchange personal information with the organisation and credit providers named in this application or in a credit report issued by a credit reporting agency.

This is for purposes including but not limited to:

- assessing your credit worthiness, this application and any subsequent application by you for credit;
- notifying other credit providers of a default by you;
- exchanging information about your Card Account where you are in default;
- American Express’ approval process as to any transactions you wish to make with the Card; and
- American Express’ administration of the Account.
- Exchange personal information with any person whose name you give American Express from time to time. This includes, for example, for the purpose of confirming employment and income details with any employer, landlord/mortgagee, accountant, financial adviser or tax agent named in this application.
- If you are in default under your Card Account, notify and exchange personal information with American Express’ collection agent.
- Exchange personal information with the organisation named on the application form for marketing, planning, product development and informational purposes including for the administration of a rewards programme, if any.
- Use personal information for marketing purposes. This includes putting your name and contact details on marketing lists for the purposes of customer research and offering you goods or services of an American Express company or of any third party acting on behalf of American Express, by mail, email or telephone or having related companies do so directly, unless notified otherwise in Section 3. After approval of this application, you understand that you can call 0800 656 660 to remove your name from such marketing lists. You acknowledge that your request may take six to eight weeks to be processed.
- Transfer personal information confidentially to American Express related companies and other organisations which issue or service American Express Cards or provide services to you, subject to appropriate conditions of confidentiality. This includes transferring personal information to the USA or other countries for data processing and servicing.
- Monitor and record your telephone conversations with American Express from time to time for training, quality control or verification purposes.

You also agree that where you have provided American Express with information about another individual in this application form, you will make sure that the individual has been understood and agreed to:

- Your supplying their information to American Express and the purposes for which American Express has collected the information;
- American Express and their agents verifying with the NZTA, their driver’s licence information provided by you;
- Their ability to access that information in accordance with the Privacy Act (and to advise American Express if they think the information is inaccurate, incomplete or out of date); and
- The contact details of American Express’ Privacy Officer.

CONTACTING THE AMERICAN EXPRESS PRIVACY OFFICER

In accordance with the Privacy Act, you can access personal information about you held by American Express and advise if you think it is inaccurate, incomplete or out of date. To arrange access to personal information held by American Express about you, or enquire generally about privacy matters, write to: The Privacy Officer, American Express International (NZ), Inc., PO Box 4005, Shortland Street, Auckland 1140.

ONLINE STATEMENTS, ACCOUNT INFORMATION AND ELECTRONIC COMMUNICATION

Unless you have elected otherwise under Section 3, by providing your email address you understand that you have agreed to receive electronic online statements and other account information electronically from American Express. These communications will include notification of online statements and may also include product updates, exclusive offers and opportunities, and other important information related to your account.

By agreeing to receive statements online you understand you will not receive paper statements by mail. You must register for online services and check your nominated email address regularly as you will be notified at your nominated email address when your online statement is available to view. You can elect to change this nomination, your email address, or you may withdraw your consent to receive online statements and electronic communication, at any time by notifying us on 0800 656 660.

BUSINESS PURPOSE DECLARATION:

You declare that the credit to be provided to you by American Express is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

DECLARATION

IMPORTANT: BY SIGNING AND SUBMITTING THIS APPLICATION FORM YOU AGREE TO THIS DECLARATION

AMERICAN EXPRESS MEMBERSHIP REWARDS® PROGRAMME

Enrolment and participation in Membership Rewards is subject to the Membership Rewards Terms and Conditions. An annual \$50 Membership Rewards fee applies. Only purchases are eligible for Membership Rewards points – balance transfers and cash advances are ineligible. Membership Rewards points do not expire while your Account is in good standing.

A fee may be applicable for participation in partner airline programmes.

ANNUAL CARD FEES

A \$55 Annual Card Fee applies to the Primary Business Card and where applicable, a \$40 Annual Card Fee applies to each Employee Card.

PLEASE RETURN YOUR SIGNED FORM EITHER BY:

- post to American Express International (NZ), Inc. Freepost 1588 (no postage required), PO Box 2285, Shortland Street, Auckland 1140 or
- email to new.accounts.sbs@aexp.com