

## Claim Notice

American Express is committed to resolving its customers' disputes in a fair and efficient manner. If you are not satisfied with the resolution that a customer service representative offers for a problem that you are experiencing, you should notify us of your dispute by sending us this form, or a signed letter with this same information.

**Please complete this form in its entirety (printing legibly). Retain a copy for your records and send the completed form by certified U.S. mail to: American Express ADR c/o CT Corporation System, 28 Liberty Street, New York, New York 10005.**

If the dispute is not resolved to your satisfaction, you may submit the dispute to the American Arbitration Association or JAMs for mediation within 30 days after sending the notice, or you may submit the dispute for arbitration or litigation. Contact the American Arbitration Association or JAMs for additional information.

\_\_\_\_\_  
Name of account holder

\_\_\_\_\_  
American Express Account number

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Additional contact number (optional)

Your billing address: \_\_\_\_\_  
\_\_\_\_\_

**In the space below, please briefly describe the nature of your dispute and attach any supporting documents that you wish. If necessary, please use the reverse side.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please briefly describe the relief that you seek from American Express.**

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of American Express account holder