



Establishment Services

AMERICAN EXPRESS® CARD ACCEPTANCE APPLICATION

The Shaded Box Will Be Completed By The Sales Agent

ESA Corporate Name: Sales Agent ID #
Please check one of the following:
American Express Discount Rate* EDC
American Express Monthly Flat Fee - \$5.00*
Paper Home Based
Monthly Gross Pay
Daily Gross Pay
Estimated \$ Annual American Express Charge Volume
Estimated \$ Average Ticket
Pay Frequency
Franchise Name: Franchise CAP #:
* Applies to online statements. Paper statements may be subject to additional fees.

What Is Your Name & Address? Please Complete The Following. If You Have Any Questions Call 1-800-528-5200

FULL LEGAL NAME of Corporation, Partnership or Proprietorship
Doing Business As (DBA, Trade Name)
Address
City State Zip Code
Federal Tax ID (TIN/EIN) ACH ABA#
DDA#
URL
E-mail
Signer Information
Name: Title:
Social Security Number:
Home Address:
City: State: Zip:
Have You Previously Had An American Express Merchant Account #:
If Yes, Merchant #:
By signing below, I represent that the information I have provided on the Application is complete and accurate and I authorize American Express Travel Related Services Company, Inc. ("American Express") to verify the information on this Application and to receive and exchange information about me, including, requesting reports from consumer reporting agencies.
Please Sign Here X Date: