

Distribution America

Sign Up Form for American Express® Card Acceptance

American Express Only Program Code # 071 Origin Code: 30 TM# 07CH Merchant SE# _____ Affiliate to Distribution America CAP #312-590-8467

Check One:

- We currently accept American Express Cards and would like to be affiliated with Distribution America program.** Please provide your existing American Express (10 digit) merchant account # below. If multiple locations, please list the merchant account number for each.
American Express (10 digit) merchant account # _____
- We would like to accept American Express and join the Distribution America program.** If multiple locations, complete a separate form for each location.

Fill Out:

Member Organization _____

Corporate Name _____

Corporate Address _____ City _____

State _____ Zip _____ Federal Tax ID # _____

DBA Name _____

Location Address _____

City _____ State _____ Zip _____

Contact Person _____ Phone # _____

E-Mail _____ Fax # _____

Authorized Signer (if different from the Contact Person identified above):

Name _____ Title _____

Payment/Reporting Options

Mailing Address for Financial Statements, Chargeback Notifications, and Inquiry Requests:

_____ Corporate Address _____ Location Address _____ Other _____

_____ End of the Month Cut-off _____ Pay-in Net **OR** _____ Pay-in-Gross (add 3bp for 2.63% rate)

Bank Name _____ Routing # _____

Account # _____ Account Type _____ Checking _____ Savings _____

Please fax or email your completed form to your American Express Account Manager:

Wendy Radtke

Phone & Fax: 877.810.1538

Email: wendy.s.radtke@aexp.com

