

# Application for the American Express® Corporate Card

**APPLICATION INFORMATION - APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED FIELDS**

THE  
AMERICAN  
EXPRESS  
CORPORATE  
CARD  
PROGRAM

Employee:

*\*Required fields must be completed or application cannot be processed*

Please complete and send to Program Administrator

Name as you would like it to appear on the Corporate Card (20 characters maximum, including spaces - \*Required)

Billing Street Address (20 characters maximum, including spaces - \*Required)

Home  Office

City (17 characters maximum, including spaces)

State

Zip Code

Home Street Address (20 characters maximum, including spaces, if different than billing address - \*Required)

City (17 characters maximum, including spaces)

State

Zip Code

Social Security Number (\*Required)

Home/Personal Phone Number (\*Required)

Business Phone Number (\*Required)

Fax Number

E-mail Address (Optional)

NA

Cost Center Number (10 characters maximum)

Department/Program (California State University, Fresno)

X

Employee's Signature (\*Required) Please read the Agreement before signing.

Date

By signing above I indicate my acceptance of the terms and conditions of the Agreement.

**PROGRAM ADMINISTRATOR - APPLICATION CANNOT BE PROCESSED WITHOUT REQUIRED FIELDS**

3 7 8 2 - 7 0 3 9 0 9 - 5 1 0 0 5  
Basic Control Number (\*Required) please fill out or application cannot be processed

F R E S N O S T A T E

Company Name (20 characters maximum, including spaces)

X

Authorizing Signature (\*Required) Please read the Agreement before signing.

Date

Chris Robinson  
Director, Accounting Services

5 5 9 - 2 7 8 - 2 7 6 4

PRINT Authorizer's Name

Title

Phone Number

5 5 9 - 2 7 8 - 6 9 4 3

Fax Number

\* All applications require a signature (name & title) of an authorized Company Representative or Program Administrator to issue a Corporate Card.

AGREEMENT:

Company and the Applicant (a) request that a Corporate Card be issued to the Applicant on the Company's account, (b) authorize the receipt and exchange of credit information on the Company and the Applicant, (c) agree to be bound by the Agreement sent with the Card and by the Agreements covering Corporate Card related programs in which the Applicant is enrolled, and (d) agree that the Corporate Card will be used for business or commercial purposes only. The Applicant (a) authorizes American Express to notify the Company if this application is declined or if spending restrictions are applied to the Corporate Card, and (b) agrees to be liable for payment to American Express of all amounts charged to the Corporate Card.

Program Administrator:

*\*Required fields must be completed or application cannot be processed*

Complete form and send to:  
American Express  
P.O. Box 53816  
Phoenix, AZ  
85072

or

fax to  
623 492-3884



Corporate  
Services