THE AMERICAN EXPRESS® CARD APPLICATION INFORMATION ON THIS APPLICATION IS PROCESSED CONFIDENTIALLY.

elect only one of the follo	wing cards:				
no. Campi	no Class	The state of the s		Please print your name the way you would like it to appear on the Card. Full name must not exceed 20 spaces.	
The American Express® Card American Express® Gold Co		Card The American Express® Credit Card®			
PLEASE TELL US ABOUT YOU					
	TION SHOULD BE COMPLETED WITHIN ALLOTTED SPACES ONLY.	PLEASE PRINT.	1.4		
First Name	Middle Name		Last Name		
Home address City, State/Country Zip Code				Home Telephone Number	
Date of Birth M M D D		urity Number or I.D. Number			
Employer or Firm Name		Are you self- employed? ☐ Yes ☐ No	Position / Title		
Business Street Address City, State/Country Zip Code			Business Teleph	hone Number	
Number of years employed at present company	If you have been employe	d less than one year, please list previous employer or university			
Telephone Number of previous employer or university (include area code and extension)	M M Y Y			_	
Please indicate where you would like to receive corre	espondence and billing: ☐ Home ☐ Office ☐ Othe	Please indicate in which language you prefer to receive correspondence	e □English □	3 Spanish	
	lease indicate preferred address:				
City, State/Country Zip Code			e-mail Address*		
* By providing us with your e-mail address, you au	thorize American Express to inform you about products, sen	vices and offers suited to your preferences. You can obtain a copy of our Privacy	Statement to learn a	about our use of e-mail addresses, by "clicking" on the link at the bottom of each page of the site.	
Bank Name		Bank Telephone Number (include area code)	_		
Type of account			Bank Branch		
Salary in US\$ Annual Monthly	\$	Additional income in US\$ (such as child st	upport or alimony)	□ Annual □ Monthly \$,	
Please specify source of additional income Name of person who can		Telephone Number			
verify additional income		(include area code)			
PLEASE SIGN HERE					
X				Additional information may be required to process this application. Your signature authorizes American Express to solicit banking and employment references for the exclusive purpose of	
Signature. Please do not print.			M D D Date	application processing. By signing here, I certify that I have read and agreed to the terms and conditions as described on second page.	
REQUEST AN ADDITIONAL CAR	RD FOR A LOVED ONE				
You can offer your loved ones and those who are f	inancially dependent on you (individuals age 18 or over) t	he services and security that American Express offers. If the applicant is marr	ied, they may reque	st a separate account. See important information on the pages below.	
Please print name of applicant the way you would I Spell last name completely. Full name must not ex	ike it to appear on the Card. ceed 20 spaces.			Relationship	
Date of birth	Social Securi	ty Number or I.D. Number			
Please print name of applicant the way you would I Spell last name completely. Full name must not ex	y y like it to appear on the Card.			Relationship	
Date of birth		ty Number or I.D. Number			

Please complete and send this application by fax to (525) 326-3685 in Mexico City. If you prefer, you can call at 1 (800) 429-2509 and ask to be transferred to the fax line.

FOR INTERNAL USE ONLY				
	SPID#	SOURCE CODE		
PERSONAL	XET	P040710493		
GOLD	XBX	G040703415		
CREDIT	XDJ	V040703670		



Important information regarding your application

This application is valid only for applicants with a billing address in Puerto Rico or the United States Virgin Islands. The information provided by American Express in this application is accurate as of November 1, 2001 and may have changed since that time. To find out about what may have been changed, please call us at 1-800-327-1267.

By signing this application, I ask that a card account be opened in my name and a card(s) issued as I request, and that you renew and replace it (them) until I cancel. If I currently have an American Express* Card account, I understand that it will not be canceled unless I so request. I agree to be bound by the agreement governing my account. I agree to be liable for all charges on my account, including charges incurred with any additional card(s) issued on my account now or in the future.

I understand that I must provide all the information requested in this application and I certify that such information is accurate. I authorize you to verify the information on this application and to receive and exchange information about me, including requesting reports from consumer reporting agencies. If I ask whether or not a consumer report was requested, you will tell me and if you received a report, you will give me the name and address of the agency that furnished it. I authorize you and your affiliates and subsidiaries to: (i) contact these sources for information at any time, (ii) use information about me, including information from this application and from consumer reports, for marketing and administrative purposes, and (iii) share such information with each other. I have the option to direct you not to share with your affiliates and subsidiaries certain credit information (other than transaction or experience information) about me or any additional card applicant(s) by writing to you at: American Express, P.O. Box 7852, Ft. Lauderdale, FL 33329. (Please include your social security number and indicate if your request applies to any additional card applicants as well.)

Additional Cards

I have advised additional card applicant(s) that you may obtain, verify, exchange and use information about them in the same manner as described above, that they may be responsible for payment of their own charges if I fail to pay them, and that their own credit records may be affected by non-payment of the account.

I acknowledge that any benefit or service offered with the card may be modified or terminated at any time.

An applicant, if married, may apply for a separate account.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral agreement, or court decree under Wisconsin's Marital Property Act will adversely affect a creditor's interests unless, prior to the time credit is granted, the creditor is furnished a copy of that agreement or decree, or is given complete information about the agreement or decree.

New York residents may contact the New York Banking Department to obtain a comparative list of credit card rates, fees and grace periods, by calling 1-800-518-8866.

The following information is related to The American Express® Card and The American Express® Gold Card

Annual Fee for The American Express® Card	Annual Fee for The American Express® Gold Card				
Basic Card: \$55 each Additional Card: \$30	Basic Card: \$75 each Additional Card: \$35				
All charges made with the American Express [®] Card or the American Express [®] Gold Card are due when you receive your billing statement.					
Late fee: Greater of \$29 or 2.99% of the past due amount.					
Cash advance fee: 3% of amount withdrawn. Minimum fee of \$5.00. No maximum fee.					

The minimum yearly income required to qualify for the American Express® card is \$15,000. The minimum yearly income required to qualify for the American Express® Gold Card is \$20,000.

The American Express® Card and the American Express® Gold Card are issued by American Express Travel Related Services Company, Inc.



The following information is related to The American Express® Credit Card

Annual percentage rate (APR) for	8.99% introductory rate for six months. Then
Purchases	Prime Rate plus 7.95%.
Other APRs	Balance Transfer APR: 8.99% introductory rate for six months. Then the same rate as Purchases.*
	<u>Cash Advance APR</u> : Prime Rate plus 12.99%.
	<u>Default APR</u> : Fixed rate of 23.99%.**
Variable rate information	Your APRs may vary. The rates for Purchases, Balance Transfers and Cash Advances are determined by adding 7.95%, 7.95% and 12.99%, respectively, to the Prime Rate.***
Grace period for repayment of the balance for Purchases	25 days for purchases, if full balance is paid by due date.
Method of computing the balance for Purchases	Average daily balance (including new purchases).
Annual fees	No annual fee
Minimum finance charge	\$0.50

Over-limit and late payment fee: \$0 - \$29 as determined by applicable law. Fee for Cash Advances through Express Cash: 3% of the cash transaction, \$5.00 minimum with no maximum. The line of credit offered with the American Express Credit Card is up to \$10,000. The minimum income required to qualify for the American Express® Credit Card is \$15,000. If you are an existing American Express® Cardmember there is no minimum income requirement to qualify for the American ExpressCredit Card.

All fees and amounts described above are in United States dollars.

The American Express® Credit Card is issued by American Express Centurion Bank.



^{*}Promotional rate of 8.99% on Balance Transfers is valid for 6 months following each balance transfer made.

^{**}Your account is reviewed monthly and will be considered in default if minimum payments are not paid on time, your account is over limit, any account terms are breached, or the account is otherwise in default as defined in the Cardmember Agreement, in each case during any portion of the 12-month period prior to the billing period. Defaulted accounts will forfeit the introductory and any promotional rate. If a promotional rate is in effect, that rate will apply and expire according to the promotional terms disclosed to you when you were offered the account or promotional opportunity.

^{***} The applicable Prime Rate for billing periods ending in any month is the higher of the Prime Rates listed in The Wall Street Journal on the 1st or 20th day (or if such date is not a business day, the next business day) of the prior month.