

statement online and not receive your statement by mail

SECTION 1 – BASIC CARD APPLICANT DETAILS	SECTION 4 – MEMBERSHIP REWARDS				
How would you like your name to appear on your new Card? You can use a maximum of 20 characters, including spaces (Please spell your last name in full)	Please tick here if you wish to enrol in Membership Rewards an programs plus a wide range of merchandise and Gift Cards. (F your first statement. Please do not send any money now. See	ees apply and will appear on			
How would you like the name of the business to appear on your new Card? You can use a	SECTION 5 – PLEASE SIGN – BASIC BUSINESS CARD APPLICANT				
maximum of 20 characters, including spaces. It must be the registered business name OR the	The person signing below agrees to be bound in their own right to				
trading name OR a reasonable variation on either.	Declaration overleaf.	of the terms of the			
Title Mr Mrs Miss Dr	Signature of Basic Business Card Applicant	Date			
First Name					
	X	DDMMYY			
Middle Name					
Surname	Name				
Date of Birth (You must be over 18 years to apply)	Company Director Partner Owner				
DDMMYY					
NZ Driver's Licence No.	Other				
(Field 5a on your Licence) (Field 5b)	SECTION 6 – BUSINESS DETAILS				
Note: Your NZ Driver's Licence No. will be verified with the NZTA for confirmation of identity.	Industry/Nature of business				
Gross Personal Income \$	Professional Services General Services Manufactu	ring Construction			
(You must earn over \$30,000 p.a. to apply for this Card.)	Travel and Entertainment Retail Automotive	Restaurant			
Have you ever been an American Express Cardmember?	Other				
Present Former Never Services Good autobas	Business Entity Name				
If present or former, please provide your American Express Card number.  3 7					
	Company/Partnership No.				
SECTION 2 – APPLICANT HOME DETAILS	Time in Business Y Y Years M Months No. of En	nployees			
Current residential address (Please do not provide a PO Box No.)	Trading Name				
Unit No. House No.	Jurisdiction of Incorporation (where applicable)				
Street Name					
	Registered Business Address				
Suburb	Street Name				
	Suburb				
City Postcode  How long have you lived at your current address?  Y Years M. Months					
How long have you lived at your current address? Y Years Months  If less than 5 years, what was your previous address? (Please do not provide a PO Box No.)	City Po	stcode			
Unit No. House No.	Principal Place of Business As above Street Name				
Street Name					
	Suburb				
Suburb					
	City	stcode			
City Postcode	Latest Tax Year				
SECTION 3 – CONTACT DETAILS	Latest Total Turnover \$				
Business Telephone No. ( ) –	Estimated Monthly Business Spend \$				
Mobile Telephone No.	Existing Merchant Relationship Yes No				
Your email address is required so we may send you notification of changes to Terms and	I authorise my accountant to provide details to American Expres	5			
Conditions and servicing messages. It will not be used for marketing purposes unless you	Name of Accountant				
select the marketing consent checkbox below.					
	Accountant's Telephone No.				
	Type of Business (PLEASE TICK ONE):				
Please ✓ tick here if you would like to receive exclusive offers and opportunities	Sole Trader Complete Section 9 Authori				
from American Express via email.  Please  tick here if you would like to receive an email notification to view your	Company Complete Section 7 Compan	y Details.			
statement online and not receive your statement by mail	Partnership Complete Section 8 Partners	ship Details.			

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# The American Express® Business Card

SECTION 7 – COMPANY DETAILS	
COMPLETE THIS SECTION ONLY IF THE BUSINESS	IS A COMPANY
Company Directors	IS A COMI AINT
Full Name – Director 1	
Residential Address	
Date of Birth	
DDMMYY	
Full Name – Director 2	
Residential Address	
Date of Birth	
DDMMYY	
Full Name – Director 3	
Residential Address	
Date of Birth	
DDMMYY	
Full Name – Director 4	
Residential Address	
Date of Birth	
DDMMYY	
Beneficial Owners	
(Individuals who directly or indirectly own 25% or mo	ore of the company)
Are any of the shares held in Nominee/Bearer form?	Yes No
Full Name – Beneficial Owner 1	
Residential Address – Beneficial Owner 1	
Date of Birth	Percentage of ownership
Date of Birth  D D M M Y Y	Percentage of ownership  %
Full Name – Beneficial Owner 2	
DDMMYY	
Full Name – Beneficial Owner 2	
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2	
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth	% Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y	
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth	% Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3	% Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y	% Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3	% Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3	Percentage of ownership  %
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth	Percentage of ownership %  Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth  D D M M Y Y	Percentage of ownership  %
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth	Percentage of ownership %  Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3	Percentage of ownership %  Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth  D D M M Y Y	Percentage of ownership %  Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3	Percentage of ownership %  Percentage of ownership
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 4  Residential Address – Beneficial Owner 4	Percentage of ownership  %  Percentage of ownership  %
Full Name – Beneficial Owner 2  Residential Address – Beneficial Owner 2  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3  Residential Address – Beneficial Owner 3  Date of Birth  D D M M Y Y  Full Name – Beneficial Owner 3	Percentage of ownership %  Percentage of ownership

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SENIOR MANAGEMENT	POSIT	IONS (Incl	ude only ir	ndividua	ıls who a	are no	t alre	ady lis	ed ab	ove)
Full Name		,	ĺ							,
Position (eg. CEO)										
Residential Address										
								Т		
Date of Birth										
D D M M Y Y										
Full Name										
Tutt Hume								т		
Position (eg. CEO)										
Tosition (cg. CLO)									Т	
Residential Address										
Nesidential Address								_		
Date of Birth										
D D M M Y										
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PLEASE PROCEED TO S	ECTIO	N 9 – AUI	HOKISED	OFFIC	EK OF	I HE D	USIN	E33		
SECTION 8 - PART	NERS									
COMPLETE THIS SECTION			BUSINES	SISAP	ARTNE	RSHIP				
Full Name of the Partners										
	+-		++	+				+	+	Н
Country where the Partne	ership	was establi	sned							
Full Name of Partner 1										
Address of Partner 1										
Address of Further F								т		
D . (D: .I				D.		(	1.5			
Date of Birth				Perce	entage c	of owr	iershi	р		
D D M M Y Y		_				%				
Type of Partner	L	General		Limited						
Full Name of Partner 2										
Address of Partner 2										
			$\top$					т	Т	
								n		
Date of Rirth				Porce	entago c	of owr	orchi	Р		
Date of Birth				Perce	entage c		ershi			
D D M M Y Y	/	٦			entage o	of owr	iershi			
DDMMYY  Type of Partner		General		Perce Limited	entage c		iershi			
DDMMYY  Type of Partner		General			entage c		iershi			
DDMMYY  Type of Partner		General			entage c		iershi			
DDMMYY  Type of Partner		General			entage c		iershi			
Type of Partner Full Name of Partner 3		General			entage c		nershi			
Type of Partner Full Name of Partner 3		General			entage c		ershi			
Type of Partner Full Name of Partner 3		General			entage c		ershi			
Type of Partner 3  Address of Partner 3		General		Limited		%		D		
Type of Partner 3  Address of Partner 3  Date of Birth		General		Limited	entage c	%		p		
Type of Partner Full Name of Partner 3  Address of Partner 3  Date of Birth D D M M Y				Limited		%		p		
Type of Partner Full Name of Partner 3  Address of Partner 3  Date of Birth DDDMMMY  Type of Partner		General		Limited		%		p		
Type of Partner Full Name of Partner 3  Address of Partner 3  Date of Birth DDDMMMY  Type of Partner				Limited		%		P		
Type of Partner Full Name of Partner 3  Address of Partner 3  Date of Birth DDDMMMY  Type of Partner				Limited		%		p		
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4				Limited		%		P		
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4				Limited		%		p		
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4				Limited		%		p		
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4				Limited		%		p		
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4  Address of Partner 4				Perco	entage c	%	pershi			
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4  Address of Partner 4				Perco		% of owr %	pershi			
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4  Address of Partner 4  Date of Birth  D D M M Y  Date of Birth		General		Perco Perco Perco	entage c	%	pershi			
Type of Partner 3  Address of Partner 3  Date of Birth  D D M M Y  Type of Partner 4  Address of Partner 4		General		Percon Pe	entage o	% of owr %	pershi			

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# The American Express® Business Card

SECTION 8 – PARTNERS (Cont)							
Beneficial Owners (Individuals who directly or indirectly own 25% or more of the company)							
Are any of the shares held in Nominee/Bearer form? Yes No							
Full Name – Beneficial Owner 1							
Residential Address – Beneficial Owner 1							
Residential Address – Beneficial Owner i							
Date of Birth	Percentage of ownership						
DDMMYY	%						
Full Name – Beneficial Owner 2							
Residential Address – Beneficial Owner 2							
Date of Birth	Percentage of ownership						
DDMMYY	%						
Full Name – Beneficial Owner 3							
Residential Address – Beneficial Owner 3							
Date of Birth  D D M M Y Y	Percentage of ownership						
Full Name – Beneficial Owner 4	%						
Tatt Name Deficition Owner 4							
Residential Address – Beneficial Owner 4							
Date of Birth	Percentage of ownership						
D D M M Y Y	%						
SENIOR MANAGEMENT POSITIONS	70						
(Include only individuals who are not already listed a	bove)						
Full Name							
Position (eg. CEO)							
Residential Address							
Date of Birth  D D M M Y Y							
Full Name							
Position (eg. CEO)							
Residential Address							
Date of Birth							
D D M M Y Y							
PLEASE PROCEED TO SECTION 9 – AUTHORISED OFFICER OF THE BUSINESS							

SECTION 9 – PLEASE SIGN – AUTHORISED OFFICER OF THE BUSINESS
By signing below, the authorised officer binds the Business to the terms of the Declaration overleaf in his/her capacity as <b>(PLEASE TICK ONE):</b>
Owner, if a Sole Trader
Director, if a Company
Partner, if a Partnership
Other (Please specify role):
Signature of Authorised Officer of the Sole Trader, Company or Partnership.
Signature Date
Name
Please return the application form via Fax to 0800 372 458 OR Post to American Express International (NZ), Inc. Freepost 1588 (no postage required), PO Box 2285, Shortland Street, Auckland 1140.
Please ensure that the application is only sent once. Once your application has been submitted, you will hear back from us within 21 working days.

S/C:

MR: BØØMRTM

ATI: NZC20 PCT: 820VTS SPID: 23S BASIC AML

Please specify your preferred statement cycle

Statement cycle	0	1	2	3	4	5	6	7	8	9	) [2
Time within the month	1 <sup>st</sup> - 3 <sup>rd</sup>	4 <sup>th</sup> - 6 <sup>th</sup>	7 <sup>th</sup> - 9 <sup>th</sup>	10 <sup>th</sup> - 12 <sup>th</sup>	13 <sup>th</sup> - 15 <sup>th</sup>	16 <sup>th</sup> - 19 <sup>th</sup>	19 <sup>th</sup> - 21 <sup>st</sup>	22 <sup>nd</sup> - 24 <sup>th</sup>	25 <sup>th</sup> - 27 <sup>th</sup>	28 <sup>th</sup> - 30 <sup>th</sup>	XX

Office use only

### DECLARATION

#### Important: The Business and the Basic Business Card Applicant must read the information and sign overleaf.

#### TO AMERICAN EXPRESS INTERNATIONAL (NZ), INC:

By signing on the previous page, the Business, the Basic Card Applicant and any Supplementary Business Card Applicant (together we, us or our) request you to issue Business Cards to each Basic Business Card Applicant and each Supplementary Business Card Applicant specified in the application, and we each declare and undertake to you that:

- The information given on the application is true and complete. We authorise you to check
  that information and authorise our accountants to provide and verify to you any further details
  requested concerning the information. We acknowledge that you rely on this information to
  consider the application;
- Each of us is financially solvent and able to pay our respective debts as they fall due;
- If the application is approved, we will comply with the Card Conditions and Financial Table
  that you will send to the Basic Business Card Applicant with their Card (receipt of which
  will be taken to constitute receipt also by the Business and each Supplementary Business
  Card Applicant), and we will jointly and severally be liable to pay all fees, charges and other
  amounts referred to in the Financial Table;
- If the Business is a partnership, the Authorised Signatory who signed this application form is
  duly authorised to complete this application and has done so with the knowledge and consent
  of the Business partners/trust beneficiaries.;
- We understand that charges made using a Supplementary Card will be the responsibility
  of the Business, the Basic Business Card Applicant and the Supplementary Business Card
  Applicant(s), even though the charges will be billed to the account of the Business and the
  Basic Business Card Applicant;
- We understand that the Business and the Basic Business Card Applicant will be jointly and severally liable for all charges incurred with each Card, and that the Business, the Basic Card Applicant and each Supplementary Business Card Applicant will be jointly and severally liable for all Supplementary Card charges. This includes Charges incurred at any time until each Card and Supplementary Card is cut in half and returned to American Express and no longer used;
- You may produce this application or a copy or other reproduction of it as evidence of my
  application for the American Express Card and my agreement to this Declaration.

Note: The Business and the Basic Business Card Applicant will be jointly and severally liable to American Express International (NZ), Inc. for all obligations on each Business Card issued.

# INVITATION BY EACH BASIC AND SUPPLEMENTARY BUSINESS CARD APPLICANT TO YOU

We agree that you and your agents may use our personal information to contact us by telephone, mail, email or any other means to offer goods or services from an American Express company or of any third party. We understand that we can call 0800 656 660 if we want to withdraw this invitation and remove any of our names from your marketing list. I/we acknowledge this request may take 6-8 weeks to be processed.

# **AUTHORITY UNDER THE NEW ZEALAND PRIVACY ACT 1993 (PRIVACY ACT)**

In this section 'personal information' means information about The Business, the Basic Card Applicant and any Supplementary Card Applicant(s), including financial circumstances, credit worthiness, credit history, credit standing, credit capacity, use of the Card and conduct of the Account and 'organisation' means the organisation, if any, whose name, logo or trademark appears on this application or on the Card issued. To assess the application, and, if it is approved, to establish and manage the Card Account, American Express International (NZ), Inc. needs to:

- Collect personal information about The Business, the Basic Card Applicant and any Supplementary Card Applicants in this application form and from other sources, and
- Obtain agreement from The Business, the Basic Card Applicant and any Supplementary Card Applicant(s) in relation to using this personal information.

If The Business, the Basic Card Applicant or any Supplementary Card Applicant(s) does not provide the information requested or give their agreement, American Express International (NZ), Inc. may decline the application.

I/we agree that, subject to the Privacy Act, you and your agents may do the following (and provided the application is approved, this agreement continues until such time as the Account is closed and any credit provided is repaid):

- Obtain credit reports about me/us from credit reporting agencies to confirm my/our identities
  and to assess the application or to collect overdue payments from me/us, and from a business
  that provides commercial credit worthiness information.
- Verify with the NZTA the driver's licence information provided by me/us.
- Disclose personal information to credit reporting agencies and the organisation before, during
  or after providing credit to me/us. This includes, but is not limited to:
  - the fact that I/we have applied for a Card and that you are a credit provider to me/us;
  - the amount of credit extended;
  - the Card member's capacity in relation to the account (ie whether they are a basic or supplementary Card member);
  - up to 24 months of my/our re-payment history;
  - the status of my/our account as either 'open' or 'closed' (including the date the account was opened or closed);
  - advice about Card payments which are in collection (and advice that payments are no longer overdue):
- advice that cheque(s) drawn by me/us, or direct debit requests to my/our bank account which I/we have authorised you to make have been dishonoured;

- your opinion that I/we do not intend to meet my credit obligations;
- that credit provided to me/us has been paid or otherwise discharged;
- sharing my Card application and whether it was successful; and
- any other information permitted under the Credit Reporting Privacy Code.
- Seek from and exchange personal information with the organisation and credit providers named in this application or in a credit report issued by a credit reporting agency. This is for purposes including but not limited to:
- assessing my/our credit worthiness, this application and any subsequent application by me/ us for credit;
- notifying other credit providers of a default by me/us;
- exchanging information about my Card Account where I/we are in default;
- your approval process as to any transactions the Basic Cardmember wishes to make with the Card; and
- your administration of the Account.
- Exchange personal information with any person whose name we give you from time to time.
   This includes, for example, for the purpose of confirming employment and income details with any employer, landlord/mortgagee, accountant, financial adviser or tax agent named in this application.
- If I/we are in default under our Card Account, notify and exchange personal information with your collection agent.
- Exchange personal information with the organisation for marketing, planning, product development and informational purposes including for the administration of a rewards programme, if any.
- Use personal information to advertise and market your products and services, and those of a third party. For example, to:
  - present targeted content or ads;
- send me/us promotions and offers:
- analyse the effectiveness of ads, promotions and offers; and
- determine whether you would be interested in new products or services.
- Transfer personal information confidentially to your related companies and other organisations
  which issue or service American Express Cards or provide services to you, subject to
  appropriate conditions of confidentiality. This includes transferring personal information to the
  USA or other countries for data processing and servicing.
- Monitor and record telephone conversations with you from time to time for training, quality control or verification purposes.

We also agree that where we have provided you with information about another individual in this application form, we will make sure that the individual is aware of:

- Our supplying their information to you and the purposes why you have collected the information.
- Their ability to access that information in accordance with the Privacy Act (and to advise you if
  they think the information is inaccurate, incomplete or out of date).
- The contact details of your Privacy Officer.

# **Contacting the American Express Privacy Officer**

To arrange access to personal information, advise if personal information is inaccurate, incomplete or out of date, or enquire generally about privacy matters, write to — The Privacy Officer, American Express International (NZ), Inc., PO Box 4005, Shortland Street, Auckland 1140

### **Business Purpose Declaration:**

I/We declare that the credit to be provided to me/us by you is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

## AMERICAN EXPRESS MEMBERSHIP REWARDS® PROGRAMME

Enrolment and participation in Membership Rewards is subject to the Membership Rewards Terms and Conditions and partner terms and conditions. An annual \$50 Membership Rewards fee applies. Only purchases are eligible for Membership Rewards points - balance transfers and cash advances are ineligible. Membership Rewards points do not expire while your Account is in good standing. A fee may be applicable for participation in partner airline programmes.

A transfer fee of \$35 per transfer of points to one of our airline partner programmes will apply.

### ANNUAL CARD FEES

A \$55 Annual Card Fee applies to the basic Business Card after the first year and where applicable, a \$40 Annual Card Fee applies to each Supplementary Card after the first year.

# PLEASE RETURN YOUR SIGNED FORM EITHER BY:

 post to American Express International (NZ), Inc. Freepost 1588 (no postage required), PO Box 2285, Shortland Street, Auckland 1140 or fax to 0800 372 458.



American Express International (NZ), Inc. Incorporated in Delaware, USA. Principal Place of Business in New Zealand, 600 Great South Road, Ellerslie, Auckland 1051.

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