

Control account no.										Date (M/D/Y) / /											
PERSONAL PROFILE																					
Name First					Middle					Last											
Embossing name <sup>(up to 20 spaces)</sup>																					
Date of birth(M/D/Y) / /										Home phone ( ) —											
<input type="checkbox"/> Male					<input type="checkbox"/> Female					Office phone ( ) —											
Home address 〒																					
EMPLOYMENT																					
Company name																					
Company address 〒																					
Title										Employee ID number											
Department										Cost center number											
BILLING INFORMATION																					
Payment method <input type="checkbox"/> Automatic direct debit (Please fill out Direct Debit Authorization below) <input type="checkbox"/> Bank transfer or check																					
Billing address <input type="checkbox"/> Office										<input type="checkbox"/> Home											
Applicant's Financial Status																					
Annual income										Total loan amount											
<input type="checkbox"/> Under 5 Million Yen					<input type="checkbox"/> 5 Million - 15 Million					<input type="checkbox"/> 0 - 5 Million Yen					<input type="checkbox"/> 5 Million - 10 Million						
<input type="checkbox"/> Over 15 Million Yen										<input type="checkbox"/> Over 10 Million Yen											
Were you ever an American Express Cardmember ?					<input type="checkbox"/> Present <input type="checkbox"/> Former <input type="checkbox"/> Never					Membership No.					3	7					
SIGNATURES																					
Signature of applicant ×										Date											
Signature of authorizing officer ×										Date											
Print or type name of authorizing officer										Title											
<p>Each of the Company, through its Authorizing Officer*, and the individual applicant (the "Applicant") warrants the truth and accuracy of the matters indicated herein and requests that, following an examination, a Corporate Card account be established based on such matters, and that a Corporate Card be issued and automatically renewed. The Applicant and the Company agree, upon issuance of the American Express Corporate Card, to be bound by the Terms and Conditions thereof with regard to the possession and use of the Card, and the Applicant agrees to be liable for the Card charges. Neither the Applicant nor the Company shall object to the result of the examination. Each of the Applicant and the Company agrees that neither this application nor other submitted documents will be returned, and that the Tokyo District Court and the Tokyo Summary Court will have exclusive jurisdiction over any dispute with American Express which may arise from this application or issuance or use of the Card. The Applicant also agrees that American Express may, for the purpose of examination of this application, obtain and use the Applicant's credit information (including name, birth date, telephone number, employer, date and kind of contract, borrowing limit, number of payments, outstanding balance, payment history, etc.) if such information is registered with the credit information organizations indicated on the reverse hereof (the "Organizations") or other credit information organizations affiliated therewith. The Applicant further consents to the registration with the Organizations of (a) the fact that this application has been made, (b) the fact whether or not a Card has been issued, and (c) the Applicant's credit information based on the objective facts of transactions, for the period as specified on the reverse hereof, and also consents to the use of such information, for the purpose of credit checks, by the members of the Organizations and other organizations affiliated therewith.</p> <p>*The Authorizing Officer must be the Representative of the Company or a person who is duly authorized by the Company to approve, cancel, or add a Cardmember.</p>																					
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預金口座振替依頼書 (アメリカン・エクスプレス)										DIRECT DEBIT AUTHORIZATION																			
金融機関名 Bank name										銀行 金庫御中 組合					Date (M/D/Y) / /														
口座名義人 Name of account as registered with the bank										私はアメリカン・エクスプレスに支払うべき代金の引落依頼書が貴店に送付されたときは、左に指定する私名義預金口座より口座振替の方法で支払うことにしたいので、下記事項確約のうえ預金口座振替を依頼します。																			
金融機関にお届けの印 Your bank account "han" or signature and code no.										記																			
支店名 Branch name										支店番号 Branch number																			
預金種類 普通預金 当座預金										Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking					口座番号 Account Number														
アメリカン・エクスプレス・会員番号										3	7	6	1																
金融機関使用欄 本依頼書に不備のある場合には、下記該当箇所にv印をつけ、当社へご返送ください。 <input type="checkbox"/> 印相違 <input type="checkbox"/> 該当口座なし <input type="checkbox"/> サイン取引 <input type="checkbox"/> 暗証番号もれ <input type="checkbox"/> その他 ( )										This authorizes automatic payment from my bank account to American Express, by means of bank transfer, of the amount shown due on my monthly statement. Notice to the bank 1. When you (the bank) receive from American Express a Debit Advice for a certain amount, please transfer the necessary funds from the account specified above to American Express without the normal procedures of Ordinary Account Pass-Book, Ordinary Account Withdrawal Slip, or Personal Checks. The transfer should take place on a specified date of each month (In case that day is a holiday, it will take place on the next working day). 2. In case, on the due date of the payment, the balance of the account is not sufficient to withdraw the full amount requested from American Express, I will not object to your sending the Debit Advice (Form) back to American Express without any notice made to me. Also, I will not object to your drawing the requested amount for the transfer on any date after the due date of the payment. 3. I will not object to your cancellation of this agreement when you deem necessary, without giving me any notice. Also, I will not object to your drawing the amount you consider appropriate to be transferred to American Express on any date after the due date of payment. 4. Concerning this transaction, in case of possible conflict between American Express and myself, the matter will be handled by the two parties and will not cause you any trouble nor damage.																			

# How to Fill Out the Corporate Card Application

## AMERICAN EXPRESS. CORPORATE CARD CARDMEMBER APPLICATION



Control account no. 010201-0016-9	Date (M/D/Y) JAN / 6 / 2000
<b>PERSONAL PROFILE</b>	
Name First JOHN Middle A Last RUSTIN	
Embossing name (40 to 20 characters) J. A. RUSTIN	
Date of birth (M/D/Y) JAN / 27 / 1953	Home phone (03) 3220-6105
<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Office phone (03) 3595-4060
Home address 〒167-0051 4-30-16 OGIKUBO, SUGINAMI-KU, TOKYO	
<b>EMPLOYMENT</b>	
Company name REXPORT-JAPAN	
Company address 〒100-0013 REXPORT BLDG 5F 3-8-1 KASUMIGASEKI, CHIYODA-KU, TOKYO	
Title MANAGER	Employee ID number 001016
Department OVERSEAS SALES	Cost center number 00602
<b>BILLING INFORMATION</b>	
Payment method <input checked="" type="checkbox"/> Automatic direct debit (Please fill out Direct Debit Authorization below) <input type="checkbox"/> Bank transfer or check	
Billing address <input checked="" type="checkbox"/> Office <input type="checkbox"/> Home	
<b>Applicant's Financial Status</b>	
Annual income Total loan amount	
<input type="checkbox"/> Under 5 Million Yen <input checked="" type="checkbox"/> 5 Million - 15 Million <input type="checkbox"/> 0 - 5 Million Yen <input checked="" type="checkbox"/> 5 Million - 10 Million	<input type="checkbox"/> Over 15 Million Yen <input type="checkbox"/> Over 10 Million Yen
Were you ever an American Express Cardmember? <input type="checkbox"/> Present <input type="checkbox"/> Former <input checked="" type="checkbox"/> Never	Membership No. 37
<b>SIGNATURES</b>	
Signature of applicant X J. A. Rustin	Date Jan. 6 2000
Signature of authorizing officer X Jim Jones	Date Jan. 6 2000
Print or type name of authorizing officer JIM JONES	Title VP-Finance
<small>Each of the Company, through its Authorizing Officer, and the individual applicant (the "Applicant") warrants the truth and accuracy of the matters indicated herein and requests that, following an examination, a Corporate Card account be established based on such matters, and that a Corporate Card be issued and automatically renewed. The Applicant and the Company agree, upon issuance of the American Express Corporate Card, to be bound by the Terms and Conditions thereof with regard to the possession and use of the Card, and the Applicant agrees to be liable for the Card charges. Neither the Applicant nor the Company shall object to the result of the examination. Each of the Applicant and the Company agrees that neither this application nor other submitted documents will be returned, and that the Tokyo District Court and the Tokyo Summary Court will have exclusive jurisdiction over any dispute with American Express which may arise from this application or issuance or use of the Card. The Applicant also agrees that American Express may, for the purpose of examination of this application, obtain and use the Applicant's credit information (including name, birth date, telephone number, employer, date and kind of contract, borrowing limit, number of payments, outstanding balance, payment history, etc.) if such information is registered with the credit information organizations indicated on the reverse hereof (the "Organizations") or other credit information organizations affiliated therewith. The Applicant further consents to the registration with the Organizations of (a) the fact that this application has been made, (b) the fact whether or not a Card has been issued, and (c) the Applicant's credit information based on the objective facts of transactions, for the period as specified on the reverse hereof, and also consents to the use of such information, for the purpose of credit checks, by the members of the Organizations and other organizations affiliated therewith.</small>	
<small>*The Authorizing Officer must be the Representative of the Company or a person who is duly authorized by the Company to approve, cancel, or add a Cardmember.</small>	
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● Please type or print all information in ink, paying special attention to the following points:

1) Personal profile  
Please provide us with this information about yourself, so that we may issue a Card in your name. Make sure the name you wish to have embossed on the Card does not exceed 20 characters and spaces.

2) Employment  
Please complete all parts of this section. Ask your corporate officer in charge to add company name, address and cost center, if you are not sure exactly what information is being used for your company's Corporate Card account.

3) Billing Information  
Please select the payment method you prefer and indicate your billing address preference, either your home or office.

4) Signatures  
Please be sure to sign as the applicant, and fill in today's date, before passing the application to your company's authorizing officer for approval.

5) Direct Debit Information  
If you have selected the Direct Debit Payment option in Section 3, please fill out the required banking information in full detail as registered with your bank.

● Financial institutions where you can use Automatic Direct Debit:

City Banks

Long Term Credit Banks

Trust Banks

Other regional banks and credit unions

For specific listings of regional banks and credit unions, please call the toll-free number, 0120-020-120.

<b>預金口座振替依頼書 (アメリカン・エクスプレス)</b>		<b>DIRECT DEBIT AUTHORIZATION</b>	
金融機関名 Bank name TOKYO-MITSUBISHI 銀行 金庫印 記号		Date (M/D/Y) JAN / 6 / 2000	
口座名義人 Name of account as registered with the bank JOHN. A. RUSTIN		記号	
金融機関にお届けの印 Your bank account "ant" or signature and code no. ジョン・ラスティン		1. アメリカン・エクスプレスから私に送る請求書(記号)に当座振替が有効に設定された場合は、アメリカン・エクスプレスの指定する日(当日が銀行休業日の場合は翌営業日)に当座振替を元金1増より、貴店の普通預金指定または当座振替指定の宛先へ送付することからず普通預金指定、同様に請求書または当座振替指定で送付し、アメリカン・エクスプレスの口座へ送金してください。	
支店名 Branch name AZABU 支店番号 Branch number 047		2. 万一振替日に私の指定した振替口座の残高が不足し、アメリカン・エクスプレスから送付された引当金振替の金額の全部を引当きできない場合は、私は引当き不足となる引当金振替額をアメリカン・エクスプレスに返金されることを同意します。	
預金種類 Account Type 普通預金 Savings 口座番号 Account Number 1048046		3. この振替依頼もレトリック(再振替)による場合は、振込受取の通知は振込日に送付することなく振替されても同意します。また振込の日付が振替の翌日以後の日付に引き継がれる場合、アメリカン・エクスプレスに送金する日付を振込日に引き継がれることと同意します。	
アメリカン・エクスプレス・会員番号 3761		4. 本振替に限り、万一振替額をもちました場合は、私はアメリカン・エクスプレスの間で解決し、貴店に対して一切の追放をかけるものとします。	
金融機関使用欄 本依頼書に不備のある場合には、下記該当箇所にv印をつけ、当社へご返送ください。		This authorizes automatic payment from my bank account to American Express, by means of bank transfer, of the amount shown due on my monthly statement.	
<input type="checkbox"/> 印相違 <input type="checkbox"/> 該当口座なし <input type="checkbox"/> サイン取り		Notice to the bank	
<input type="checkbox"/> 期限番号もれ <input type="checkbox"/> その他( )		1. When you (the bank) receive from American Express a Debit Advice for a certain amount, please transfer the necessary funds from the account specified above to American Express without the normal procedures of Ordinary Account Pass-Book, Ordinary Account Withdrawal Slip, or Personal Checks. The transfer should take place on a specified date of each month (in case that day is a holiday, it will take place on the next working day).	

2. In case, on the due date of the payment, the balance of the account is not sufficient to withdraw the full amount requested from American Express, I will not object to your sending the Debit Advice (Drawn) back to American Express without any notice made to me. Also, I will not object to your drawing the requested amount for the transfer on any date after the due date of the payment.

3. I will not object to your cancellation of this agreement when you deem necessary, without giving me any notice. Also, I will not object to your drawing the amount you consider appropriate to be transferred to American Express on any date after the due date of payment.

4. Concerning this transaction, in case of possible conflict between American Express and myself, the matter will be handled by the two parties and will not cause you any trouble nor damage.

( LL W/O PIN )

● Below are the names, addresses, telephone numbers of the credit agencies of which American Express International, Inc. is a member, as well as the information registered therewith and the period of such registration.

Name: CIC	Period of Registration
Address: Shinjuku Sankoucho Bldg., 5-15-5 Shinjuku, Shinjuku-ku, Tokyo 160-0022	6 months from the date AEII refers to the credit agency.
Telephone No.: 0120-810-414	During the period the contract is valid and 5 years after termination.
	5 years from the date delayed payment occurred; provided that it shall be 7 years in the case that an irrecoverable debt arises.

Name: CCB	Period of Registration
Address: Pearl Iidabashi Bldg., 4-5-11 Iidabashi, Chiyoda-ku, Tokyo 102-0072	Validity of the contract: during the period the contract is valid; information on accomplished repayment: 5 years from the date of repayment.
Telephone No.: 03-5276-4400	5 years from the date delayed payment occurred; provided that it shall be 7 years in the case that an irrecoverable debt arises.

Name: National Bank Credit Information Center	Period of Registration
Address: c/o Tokyo Association of Banks, Ginkoukaikan, 1-3-1 Marunouchi, Chiyoda-ku, Tokyo 100-8216	1 year from the date AEII refers to the credit agency; provided that disclosure to Cardmembers is limited to 3 months.
Telephone No.: 03-3214-5020	During the period the contract is valid and 5 years after termination.
	5 years from the date delayed payment occurred.

● Mail the completed form to : American Express International, Inc. Corporate Services 4-30-16 Ogikubo, Suginami-ku, Tokyo 167-8001  
TAPLLE 5K L9