

AMERICAN EXPRESS® CORPORATE CARD CARDMEMBER APPLICATION



Control account no.										Date (M/D/Y) / /									
PERSONAL PROFILE																			
Name First					Middle					Last									
Embossing name (up to 20 spaces)																			
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. 37									
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 口座名義人 Name of account as registered with the bank 金融機関にお届けの印 Your bank account "han" or signature and code no. 支店名 Branch name 支店番号 Branch number 預金種類 Account Type 口座番号 Account Number <input type="checkbox"/> Savings <input type="checkbox"/> Checking										Date (M/D/Y) / / 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ので、下記事項確約のうえ預金口座振替を依頼します。 記 1. アメリカン・エクスプレスから私に対する請求金額を記載した引落依頼書が貴店に送付された場合には、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)に当該金額を左記口座より、貴店の普通預金規定または当座勘定取引約定書の規定にかかわらず普通預金通帳、同払戻請求書または当座小切手なしで引落しのうえ、アメリカン・エクスプレスの口座へお振込みください。 2. 万一振替日に私の指定した預金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落依頼書の金額の全部を引落しできない場合には、私に通知することなく引落依頼書をアメリカン・エクスプレスに返戻されても異議ありません。 3. この依頼書にもとづく引落依頼による取扱い、貴店が必要と認めた場合には私に通知することなく解除されても異議なく、また貴店任意の金額を支払日以降任意の日に引落しのうえ、アメリカン・エクスプレスに支払うべき代金に充当されても異議ありません。 4. 本取扱いに関し、万一紛議を生じた場合には、私とアメリカン・エクスプレスとの間で解決し、貴店に対して一切迷惑をかけません。 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.									
アメリカン・エクスプレス・会員番号 3761																			
金融機関使用欄 本依頼書に不備のある場合には、下記該当箇所にて印をつけ、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()																			

(LL W/O PIN)

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
PERSONAL PROFILE	
Name First JOHN Middle A Last RUSTIN	
Embossing name (45 to 20) 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) 3595-4000
Home address 〒167-0051 4-30-16 OGIKUBO, SUGINAMI-KU, TOKYO	
EMPLOYMENT	
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
BILLING INFORMATION	
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	
Applicant's Financial Status	
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
SIGNATURES	
Signature of applicant × J. A. Rustin	Date Jan. 6 2000
Signature of authorizing officer × 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 ("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>	
*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.	
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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.

預金口座振替依頼書 (アメリカン・エキスプレス) DIRECT DEBIT AUTHORIZATION	
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 JOHN. A. RUSTIN	<small>私はアメリカン・エキスプレスから私に付す請求金額を定期的に引かれることは、先に決定する私と貴行間の取り決めに基づいておこなうこととし、このため、本請求書の提出を依頼します。</small>
金融機関にお届けの印 Your bank account "han" or signature and code no. ジョン・ラストン	<small>1. アメリカン・エキスプレスから私に付す請求金額を定期的に引かれる場合は、アメリカン・エキスプレスの指定する日 (休日銀行休業日の場合は翌営業日) に当座振替を依頼し、貴行の普通預金または当座振替口座 (約定書に記載) からお金を引き出す普通預金口座、引当金口座または当座小切手付付添しの上、アメリカン・エキスプレスの口座振替依頼書 (お送り) を提出してください。</small>
支店名 Branch name AZABU 支店番号 Branch number 047	<small>2. 万一振替日に私の預金に不足の残高が不足し、アメリカン・エキスプレスから送付された引当金振替書の全部を引当しきれない場合は、私の口座から不足分を自動的にアメリカン・エキスプレスの口座に引き出されるものとします。</small>
預金種別 Account Type 普通預金 Savings 当座預金 Checking 10480406	<small>3. この振替依頼もレバレッジ(担保)による取扱い、貴行の受取と引当金との関係は引当金に限り、引当金に不足した場合は、貴行の指定する口座から自動的に引き出されるものとします。アメリカン・エキスプレスから送付された引当金振替書の全部を引当しきれない場合は、私の口座から不足分を自動的にアメリカン・エキスプレスの口座に引き出されるものとします。</small>
アメリカン・エキスプレス・会員番号 3761	<small>4. 本振替依頼に關し、万一振替額を間違えた場合は、私とアメリカン・エキスプレスとの間で解決し、貴行に対して一切の責任をかけるものではありません。</small>
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。	<small>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.</small>
<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"/> 印相違書もれ <input type="checkbox"/> その他	<small>Notice to the bank</small>
	<small>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).</small>
	<small>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.</small>
	<small>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.</small>
	<small>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.</small>
	(LL W/O PIN)

● 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.

● 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
Address: Shinjuku Sankoucho Bldg., 5-15-5 Shinjuku, Shinjuku-ku, Tokyo 160-0022
Telephone No.: 0120-810-414

Name: National Bank Credit Information Center
Address: c/o Tokyo Association of Banks, Ginkoukaikan, 1-3-1 Marunouchi, Chiyoda-ku, Tokyo 100-8216
Telephone No.: 03-3214-5020

Information	Period of Registration
Fact of applying under these Terms and Conditions	6 months from the date AEII refers to the credit agency.
Objective facts relating to transactions under these Terms and Conditions	During the period the contract is valid and 5 years after termination.
Facts of late payments	5 years from the date delayed payment occurred; provided that it shall be 7 years in the case that an irrecoverable debt arises.

Information	Period of Registration
Fact of applying under these Terms and Conditions	1 year from the date AEII refers to the credit agency; provided that disclosure to Cardmembers is limited to 3 months.
Objective facts relating to transactions under these Terms and Conditions	During the period the contract is valid and 5 years after termination.
Facts of late payments	5 years from the date delayed payment occurred.

Name: CCB
Address: Pearl Iidabashi Bldg., 4-5-11 Iidabashi, Chiyoda-ku, Tokyo 102-0072
Telephone No.: 03-5276-4400

Information	Period of Registration
Fact of applying under these Terms and Conditions	6 months from the date AEII refers to the credit agency.
Objective facts relating to transactions under these Terms and Conditions	Validity of the contract: during the period the contract is valid; information on accomplished repayment: 5 years from the date of repayment.
Facts of late payments	5 years from the date delayed payment occurred; provided that it shall be 7 years in the case that an irrecoverable debt arises.

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