

Merchant Services

AMERICAN EXPRESS® ADDITION REQUEST/APPLICATION FORM

IMPORTANT - PLEASE READ BEFORE PROCEEDING:

ALL INFORMATION LISTED IS REQUIRED AND MUST BE COMPLETED.

PLEASE FAX THIS REQUEST FORM TO DATA PROCESSING AT (209) 320-2108.

**THIS REQUEST WILL NOT BE EFFECTIVE UNTIL THE REQUIRED DOCUMENTS ARE PROVIDED
AND APPROVED.**

Thank you for your cooperation.

Merchant Name: _____

Merchant Number: _____

Existing American Express® Merchant Account:

Please check one: Add Change

Merchant Account # / SE Number _____

American Express transactions currently being paid to merchant by:

American Express – OR – Combined with Visa and MasterCard payments

Apply for New American Express® Merchant Account:

American Express OnePoint® (full-service program supported by Merchant Service Provider)

American Express ESA (standard program serviced by American Express directly)

Discount Rate: _____ or **Monthly Flat Fee:** \$7.95 (AXP Direct Only)

Transaction Fees: Retail: + \$0.10 per transaction + 0.30% CNP Downgrade; Restaurant: + 0.30% CNP Downgrade; Services, Wholesale & All Other: + \$0.15 per transaction

Est. Annual Volume: \$ _____ **Est. Average Ticket:** \$ _____

Pay Frequency (for AXP Direct Only): 3 Day 15 Day 30 Day

If approved for OnePoint, merchant will be paid in same time frame as Visa and MC payments.

By signing below, Merchant represents that Merchant has read and is authorized to sign and submit this Application on behalf of the above entity which agrees to be bound by the American Express® Card Acceptance Agreement (“AXP Agreement”) which is provided in the Merchant Services Program Guide at www.ipaymentinc.com. Merchant also represents that all information that Merchant has provided on the original Merchant Application is true, complete, and accurate. Merchant authorizes iPayment and American Express Travel Related Services Company, Inc. (“AXP”) and AXP’s agents and Affiliates to verify the information on this Application and on the original Merchant Application submitted by Merchant and receive and exchange information about Merchant personally, including requesting reports from consumer reporting agencies, and disclose such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. Merchant authorizes and directs iPayment and AXP and AXP agents and Affiliates to inform Merchant directly, or through the entity above, of reports about Merchant that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. If Merchant has applied on behalf of the entity for iPayment to perform all servicing functions for AXP acceptance, then Merchant further understands that upon AXP’s approval of the entity to accept the AXP Card, the terms and conditions for American Express® Card Acceptance (“Terms and Conditions”) will be sent to such entity along with welcome materials from iPayment. If Merchant has applied on behalf of the entity for AXP’s direct servicing program, Merchant further understands that upon AXP’s approval of the entity indicated above to accept the AXP Card, the terms and conditions for American Express® Card Acceptance (“Terms and Conditions”) will be sent to such entity along with a Welcome Letter from AXP. Merchant further understands that if the entity does not qualify for the iPayment servicing program, that iPayment and AXP may enroll Merchant into the AXP direct servicing program, and the entity has the right to cancel such acceptance or servicing at any time. By accepting the AXP Card for the purchase of goods and/or services, or otherwise indicating its intention to be bound, the entity agrees to be bound by the Terms and Conditions.

Signature of Authorized Principal (as specified on the Merchant Application/Agreement) **Date**

Print Name **Phone** **Email Address**

If you should have any questions, please contact our Merchant Services department at (800) 554-2777 or email us at merchantsupport@merchants-help.com