

American Express Card Acceptance Application

ESA **One Point** **Existing SE#** * _____

Merchant Information	MID: _____		DBA Name: _____		
	Contact Name: _____				Comments: _____
	Address 1: _____				
	Address 2: _____				
	City: _____	State: _____	Zip: _____	Country: _____	Email address: _____

AMEX Rates	<input type="checkbox"/> Rate _____ %	Per Item Fee \$ _____
	CNP Downgrade 0.30 %	Authorization Fee \$ _____
	<input type="checkbox"/> Flat Fee Option (ESA Only) \$ _____	CAP # _____
	Annual Volume: _____	Average Ticket: _____

* Existing SE# only applicable when the volume requirements exceed OnePoint or ESA program

American Express Acceptance Agreement

By signing below, I represent that I have read and am authorized to sign and submit this application for the above entity which agrees to be bound by the American Express® Card Acceptance Agreement ("AXP Agreement"), and that all information provided herein is true, complete, and accurate. I authorize Elavon and American Express Travel Related Services Company, Inc. ("AXP") and AXP's agents and Affiliates, as defined in the AXP Agreement, to verify the information in this application and receive and exchange information about me personally, including by requesting reports from consumer reporting agencies, and disclosing such information to their agent, subcontractors, Affiliates and other parties for any purpose permitted by law. I authorize and direct Elavon, AXP, AXP agents and Affiliates to inform me directly, or through the entity above, of reports about me that they have requested from consumer reporting agencies. Such information will include the name and address of the agency furnishing the report. I also authorize AXP to use the reports from consumer reporting agencies for marketing and administrative purposes. I understand that upon AXP's approval of the application, the entity will be sent a copy of the AXP Agreement and materials welcoming it, either to AXP's program for Elavon to perform services for AXP or AXP's standard Card acceptance program which has different servicing terms (e.g. different speeds of pay). I understand that if the entity does not qualify for the Elavon servicing program, that the entity may be enrolled in American Express's standard Card acceptance program, and the entity may terminate the AXP Agreement. By accepting the American Express 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 AXP Agreement.

Signature	Signature: _____	Printed Name: _____	Date: _____
	Signature: _____	Printed Name: _____	Date: _____

Submitted By	To the best of my knowledge, I certify that the information provided in this Merchant Application was provided by the Merchant and is true, complete and accurate.			
	Rep Name: _____	Rep E-Mail Address: _____	Rep ID #: _____	Date: _____