CORPORATE CARD - EMPLOYEE APPLICATION

APPLICAN	T INFORMATION				⊠ GI	een 🗆 Ex	tecut	ive Gold	Platinum	
Card account, we will a	law requires all financial institutions to obtain, ve ask for your name, a street address, date of birth ow us to identify the person who is requesting th	n, and an identificati	on number, suc							
First Name						Last Name				
Name (As you would like it t	o appear on the Corporate Card - 20 characte	rs only, including s	paces)							
National Identification / Social Security Number						Date of Birth (mm/dd/yy)				
Company Name (As you would like it to appear on the Corporate Card - 20 characte		UPR- RP rs only, including spaces)			Departmer (10 characters		CS NATURAL			
Annual Income	e US\$ provide last three Bank Statements)				Hire Date	(mm/yy)				
Employee's Company Identification Number (10 characters only)		66-0433760				Cost Center Number (10 characters only)				
Billing Address		Home	Office							
Address (20 chara City, State, Con Zip Code	17 AVE UNIVERSIDAD STE SAN JUAN 00925-2537			STE 1701						
Home Address	(Only if different than Billing Address)									
,	acters only, including spaces) Untry (20 characters only, including spaces)									
Phone Number Business		(787) -76572	89		Home		()		
Preferred Language Spanish			English							
E-mail address	3									
I now hold/have	e held an American Express Acc	ount `	Yes 🗌	No 🗌	Enter Card	Number				
Bank Reference	es: Bank									
	Account Number				Bank Phor	ne Number	()		
(c) agree to be bound used for business or c and (b) agrees to be lii I, the undersigned, an American Express Cor with my obligations un	licant (a) request that a Corporate Card be issued by the Agreement sent with the Card and by thommercial purposes only. The Applicant (a) authable for payment to American Express of all amoremployee of hereby authorize American prorate Card Account (the "Account") information der any and all the agreements entered into with	e Agreements cove norizes American Ex unts charged to the Express Travel Rela outside and Amex and Amex E	ring Corporate operates to notify Corporate Care ated Services Coshare such Accontities in connections.	Card related progra the Company if this d. ompany, Inc. ("Ame ount information with ction with my Accou	ams in which the Applica s application is declined ex") and/or its parent, su th other American Expre unt.	ant is enrolled, ar or if spending res bsidiaries or affili ss Entities for pur	nd (d) a striction iates (e rposes o	agree that the ns are applied each, an "Ame	Corporate Card will be to the Corporate Card, ex Entity") to transfer my	
Signifiere	Employee Signature. By signing above	indicate my acco	eptance of the	e terms and cond	ditions of the Agreem	Date nent.				
BASIC CON	ITROL ACCOUNT NUMB	ER								
Basic Control N	Number 37									
Sign here	XAuthorized Officer Signature*. I am auth Authorized Officer Name	orized to sign this	s application (on behalf of the (Company. zed Officer Title					



^{*} All applications require a signature (name & title) of an Authorized Company Representative or Authorized Program Administrator.