

CARD ENROLLMENT

Did you know?

You can quickly and easily enroll and unenroll Cards into Corporate Membership Rewards through @ Work. To learn more or enroll, please call 1-866-568-0308.

To enroll new and existing Cardmembers into Corporate Membership Rewards

Corporation hereby elects to enroll the Corporate Card(s) listed below into our Corporate Membership Rewards® (“Corporate MR”) Account. By enrolling, Corporation agrees to be bound by the Corporate MR Terms and Conditions. The Program Owner’s (“Program Owner”) authorization for this form is subject to the agreement (Program Owner Designation and Account Set-Up form) on file with Amex Bank of Canada (“Amex Bank”).

There is an annual enrollment fee of \$99, plus applicable taxes (“Enrollment Fee”). Please note, the Enrollment Fee does not apply for Corporate Platinum Cards enrolled into Corporate MR. All Corporate MR Fees per Card Enrollment will be charged to the Program Owner Corporate Card on file.

Only Corporate, Corporate Gold and Corporate Platinum Cards can participate in Corporate MR. No other American Express products are eligible.

For existing Cardmember enrollment only:

Any Corporation’s Corporate Cardmembers currently enrolled in Membership Rewards cannot be enrolled in Corporate MR until they are first cancelled out of the Membership Rewards program as the same Corporate Card cannot be enrolled in both programs at the same time. Please contact your American Express representative or call Corporate Services at 1-866-568-0308 for information on how to appropriately inform any affected employees. Corporation requests that Corporate Card numbers provided be enrolled into Corporate MR. If any of these Corporate Cards are currently enrolled in the Membership Rewards program, Amex Bank will automatically cancel the Membership Rewards enrollment and then enroll the Corporate Card into Corporate MR. PLEASE NOTE: If Corporation wishes to cancel the Membership Rewards program eligibility at the company level (for all Cardmembers), a separate form must be submitted. Contact your American Express representative or call Corporate Services at 1-866-568-0308 for further details.

Section 1 – Corporation Information

Corporation Name _____

Corporation CID (if known) _____

Section 2 – Cards to Enroll into Corporate MR

TOTAL NUMBER OF CARDS TO BE ENROLLED TODAY: _____

The following Corporate Cards will be enrolled into Corporate Membership Rewards:

FOR INTERNAL USE ONLY

NEW CM

EXISTING CM

<p>_____</p> <p>First Name</p> <p>_____</p> <p>Last Name</p>	<p><input type="checkbox"/> New Card required NOTE: Card application must be attached</p> <p><input type="checkbox"/> Existing Cardmember</p> <p>XXXX-XXXXX ____ - ____ - ____ - ____</p> <p>Corporate Card Number*</p>	<p>_____</p> <p>Card Number</p> <p><input type="checkbox"/> Set up in CARS</p> <p><input type="checkbox"/> Enrolled in CMR</p>	<p>_____</p> <p>Date cancelled from MR</p> <p>_____</p> <p>Date enrolled in CMR</p>
<p>_____</p> <p>First Name</p> <p>_____</p> <p>Last Name</p>	<p><input type="checkbox"/> New Card required NOTE: Card application must be attached</p> <p><input type="checkbox"/> Existing Cardmember</p> <p>XXXX-XXXXX ____ - ____ - ____ - ____</p> <p>Corporate Card Number*</p>	<p>_____</p> <p>Card Number</p> <p><input type="checkbox"/> Set up in CARS</p> <p><input type="checkbox"/> Enrolled in CMR</p>	<p>_____</p> <p>Date cancelled from MR</p> <p>_____</p> <p>Date enrolled in CMR</p>
<p>_____</p> <p>First Name</p> <p>_____</p> <p>Last Name</p>	<p><input type="checkbox"/> New Card required NOTE: Card application must be attached</p> <p><input type="checkbox"/> Existing Cardmember</p> <p>XXXX-XXXXX ____ - ____ - ____ - ____</p> <p>Corporate Card Number*</p>	<p>_____</p> <p>Card Number</p> <p><input type="checkbox"/> Set up in CARS</p> <p><input type="checkbox"/> Enrolled in CMR</p>	<p>_____</p> <p>Date cancelled from MR</p> <p>_____</p> <p>Date enrolled in CMR</p>

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Section 2 – Cards to Enroll into Corporate MR

_____ First Name _____ Last Name	<input type="checkbox"/> New Card required NOTE: Card application must be attached <input type="checkbox"/> Existing Cardmember XXXX-XXXX ____ - ____ - ____ - ____ Corporate Card Number*	_____ Card Number <input type="checkbox"/> Set up in CARS <input type="checkbox"/> Enrolled in CMR	_____ Date cancelled from MR _____ Date enrolled in CMR
_____ First Name _____ Last Name	<input type="checkbox"/> New Card required NOTE: Card application must be attached <input type="checkbox"/> Existing Cardmember XXXX-XXXX ____ - ____ - ____ - ____ Corporate Card Number*	_____ Card Number <input type="checkbox"/> Set up in CARS <input type="checkbox"/> Enrolled in CMR	_____ Date cancelled from MR _____ Date enrolled in CMR
_____ First Name _____ Last Name	<input type="checkbox"/> New Card required NOTE: Card application must be attached <input type="checkbox"/> Existing Cardmember XXXX-XXXX ____ - ____ - ____ - ____ Corporate Card Number*	_____ Card Number <input type="checkbox"/> Set up in CARS <input type="checkbox"/> Enrolled in CMR	_____ Date cancelled from MR _____ Date enrolled in CMR
_____ First Name _____ Last Name	<input type="checkbox"/> New Card required NOTE: Card application must be attached <input type="checkbox"/> Existing Cardmember XXXX-XXXX ____ - ____ - ____ - ____ Corporate Card Number*	_____ Card Number <input type="checkbox"/> Set up in CARS <input type="checkbox"/> Enrolled in CMR	_____ Date cancelled from MR _____ Date enrolled in CMR
_____ First Name _____ Last Name	<input type="checkbox"/> New Card required NOTE: Card application must be attached <input type="checkbox"/> Existing Cardmember XXXX-XXXX ____ - ____ - ____ - ____ Corporate Card Number*	_____ Card Number <input type="checkbox"/> Set up in CARS <input type="checkbox"/> Enrolled in CMR	_____ Date cancelled from MR _____ Date enrolled in CMR

ARE YOU ALSO SUBMITTING A SPREADSHEET WITH ADDITIONAL CARDS TO BE ENROLLED? YES NO

Section 3 – Program Owner Authorization

By signing this form, the undersigned agrees to pay all Enrollment Fees charged to the Program Owner Corporate Card on file.

First Name

Last Name

Signature of Authorizing Officer within Company

Date

To submit this form you can:

Email a scanned copy to:
CorpCDAPA@aexp.com

Fax to:
905-474-8982

Mail to:
Amex Bank of Canada
1211 Denison St, Unit 18
Markham, Ontario, L3R 4B3

