

# COMPANY CONSENT

The Company, or other entity (the "Company") named below, hereby agrees to give all employees and contract personnel of the Company who are American Express Corporate Cardmembers the choice to enroll in the Membership Rewards Program (the "Program").

**Enrollment in the program at the individual Corporate Cardmember level is not automatic, except for the American Express® Corporate Platinum Card. If Corporate Card or Corporate Gold Cardmember chooses to enroll, they must contact our Customer Service Department at 1-800-716-6661 to request enrollment in the program.**

The Company acknowledges that Corporate Cardmembers may be sent information on the Program, including how to enroll and fees associated with enrollment from time to time, and that all Corporate Cardmembers who enroll in the Program will receive information updates and related mailings regarding Membership Rewards from Amex Bank of Canada.

The Company understands and agrees that all Membership Rewards points earned by a Corporate Cardmember who is enrolled in the Program are for the sole benefit and use of the **Corporate Cardmember, even if the Company in whose name the account is opened has paid the Program fees. Points can only be earned by, issued to and redeemed by the Corporate Cardmember**, and can be redeemed for available reward choices or transferred to a participating frequent flyer or frequent guest account in the Corporate Cardmember's name only.

The Company does not have any rights against Amex Bank of Canada and its affiliates in respect of the Program or points. If the Corporate Cardmember has a personal card account enrolled in the Program and chooses to link a Corporate Card to such personal account, then all points accumulate in the Cardmember's personal Program account (subject to any restrictions). The Membership Rewards annual enrollment fee (if any) will be billed to the Corporate Cardmember's account and paid by either the Corporate Cardmember or the undersigned Corporation.

## Accepted and Agreed

\_\_\_\_\_  
Name of Corporation (Please print or type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

X

\_\_\_\_\_  
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