Account Manager with Limited Access Authorization Form

RE: Account Number(s)
(Account)
(Account)
(Account)
(Account)
I,
To view a comprehensive list of actions your Account Manager can perform please visit –
www.americanexpress.com/accountmanagerlimittermsandconditions.
I understand that this Authorization will commence on the date that a Confirmation of Enrollment letter is sen to me and shall continue until I and/or the Account Manager with Limited Access and/or American Express revoke it. Therefore, I agree that I will promptly notify American Express if the Account Manager with Limited Access authorization hereunder is to be terminated or if any information in this Authorization should be changed in an access.
way.
Signature:
Date:

Account Manager with Limited Access Information

Contact Name:	Contact Name:
Firm Name (if applicable):	Firm Name (if applicable):
Contact Address:	Contact Address:
Phone Number:	Phone Number:
Social Security Number**:	Social Security Number**:
Date of Birth:	Date of Birth:
Email Address (optional):	Email Address (optional):

We may send you (or your Account Manager with Limited Access) email messages with important information about your account and offers that may be suited to your needs. Please visit the American Express Privacy Statement at http://www.americanexpress.com/privacy for more details and to set your email preferences.

^{*}The Account Manager with Limited Access can obtain information on your account, such as the balance due, transaction information, the payment due date, and any other transactions designated by American Express.

^{**}The Social Security number is for identification purposes only.