

This is a fillable PDF form. Click on any field to start and use the tab key to move from field to field.



American Express® Additional Branch Information

1. Your Information	
BUSINESS NAME <input type="text"/>	
YOUR FULL NAME MR/MRS/DR/OTHERS <input type="text"/>	
ADDRESS <input type="text"/> <input type="text"/>	
TELEPHONE NUMBER <input type="text"/>	
2. Branch Information	
GROSS SALES VOLUME <input type="text"/>	AIR SALES VOLUME <input type="text"/>
DOLLAR VOLUME OF CRUISE SALES <input type="text"/>	DOLLAR VALUE OF TOUR SALES <input type="text"/>
OVERALL BUSINESS SPLIT	
% <input type="checkbox"/> LEISURE AND TRAVEL GROUPS % <input type="checkbox"/> CORPORATE % <input type="checkbox"/> MEETINGS AND INCENTIVES	
DO YOU NEED BUSINESS TRAVEL RELATED SERVICE (BTS)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
MAJOR TRAVEL SUPPLIERS <input type="text"/>	
TOURS <input type="text"/>	
AIRLINES <input type="text"/>	
CRS SYSTEM(S) <input type="text"/>	BACKROOM ACCOUNTING SYSTEM(S) <input type="text"/>
PSEUDO CITY CODE <input type="text"/>	WHAT IS YOUR I.A.T.A./ARC? <input type="text"/>
ARE YOU AN APPROVED C.L.I.A AGENCY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. Business Premise and Servicing Profile		
BUSINESS NAME <input type="text"/>		
NAME OF MANAGER <input type="text"/>		
TOTAL NUMBER OF EMPLOYEES <input type="text"/>	FULL-TIME <input type="text"/>	CRUISE SPECIALIST <input type="text"/>
	OUTSIDE SALES:LEISURE <input type="text"/>	CORPORATE <input type="text"/>
LANGUAGES SPOKEN BY STAFF <input type="text"/>		
OFFICE HOURS		
MONDAY - FRIDAY	OPEN <input type="text"/>	CLOSE <input type="text"/>
SATURDAY	OPEN <input type="text"/>	CLOSE <input type="text"/>
SUNDAY	OPEN <input type="text"/>	CLOSE <input type="text"/>
HOLIDAY YOUR OFFICE IS CLOSED ON:	NEW YEAR'S DAY <input type="checkbox"/>	LABOR DAY <input type="checkbox"/>
	MEMORIAL DAY <input type="checkbox"/>	THANKSGIVING DAY <input type="checkbox"/>
	INDEPENDENCE DAY <input type="checkbox"/>	CHRISTMAS DAY <input type="checkbox"/>
CAN YOUR FIRM ARRANGE (IF REQUESTED) TO MEET AND ASSIST FOREIGN CLIENTS UPON ARRIVAL IN AND DEPARTURE FROM YOUR CITY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DOES YOUR OFFICE ACCEPT INBOUND REQUESTS (TELEPHONE, TELEX, MAIL) TO MAKE RESERVATIONS IN YOUR LOCAL AREA? YES <input type="checkbox"/> NO <input type="checkbox"/>		
DOES YOUR OFFICE NOW DEAL IN FOREIGN EXCHANGE OR REMITTANCE YES <input type="checkbox"/> NO <input type="checkbox"/>		
WHAT LOCAL MARKETS (LIST CITIES AND ZIP CODES) DOES YOUR BUSINESS SERVICE?		
CITY <input type="text"/>	ZIP CODE <input type="text"/>	
CITY <input type="text"/>	ZIP CODE <input type="text"/>	
CITY <input type="text"/>	ZIP CODE <input type="text"/>	
CITY <input type="text"/>	ZIP CODE <input type="text"/>	
BUSINESS PREMISE LOCATION: STREET <input type="checkbox"/> MALL <input type="checkbox"/> IF OTHER DESCRIBE		
CORPORATE COMPLEX <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="text"/>		
DESCRIBE LOCATION OF YOUR OFFICE IN RELATION TO PRINCIPAL HOTELS, TRANSPORTATION TERMINALS AND BUSINESS SECTION OF THE CITY: <input type="text"/>		
DESCRIBE YOUR MARKET AND CLIENTELE: <input type="text"/>		

4. OTHER INFORMATION

DO YOU NEED OUR BUSINESS TRAVEL RELATED SERVICE? YES NO

DO YOU CURRENTLY SELL AMERICAN EXPRESS® TRAVELERS CHEQUES? YES NO

IF YES, WHAT IS YOUR ACCOUNT NUMBER

DO YOU CURRENTLY ACCEPT THE AMERICAN EXPRESS® CARD? YES NO

IF YES, WHAT IS YOUR MERCHANT NUMBER

PLEASE LIST THE ISSUE MONTH OF YOUR YELLOW/WHITE PAGES DIRECTORY: