

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® Credit Inquiry Authorization

To release any information required by American Express Travel Related Services Company, Inc. in its standard credit inquiry for the purpose of establishing a Travelers Cheques sales relationship.

Please advise your bank office that we will contact him/her to facilitate release of credit history.

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. Bank Information
NAME OF BANK <input type="text"/>
NAME OF BANK CONTACT <input type="text"/>
TELEPHONE NUMBER <input type="text"/>
FAX NUMBER <input type="text"/>
ADDRESS <input type="text"/> <input type="text"/>
BANK ACCOUNT NUMBER <input type="text"/>
DATE <input type="text"/>
3. Business Information
YOUR AGENCY IS ESTABLISHED AS A
SOLE PROPRIETERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/>
CORPORATION <input type="checkbox"/> OTHER <input type="checkbox"/>
IF OTHER, PLEASE SPECIFY <input type="text"/>
STATE INCORPORATED IN, IF APPLICABLE <input type="text"/>
BUSINESS TAX ID <input type="text"/>

4. Corporation/ Partnership Information
IF THE AGENCY IS A PARTNERSHIP OR CORPORATION, PLEASE LIST THE NAMES AND TITLES OF ALL PRINCIPLES BELOW
LEGAL COMPANY NAME <input type="text"/>
STREET ADDRESS <input type="text"/>
STREET ADDRESS <input type="text"/>
STREET ADDRESS <input type="text"/>
LEGAL NAME OF OWNER <input type="text"/>
SOCIAL SECURITY NUMBER OF OWNER <input type="text"/>
PERCENTAGE OF STOCK HELD <input type="text"/>
<hr/>
AUTHORIZATION SIGNATURE AND TITLE
DATE <input type="text"/>

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