

## Request for Removal of US Corporate Guaranty of Payment

A Card Member's corporate account may be removed from a Corporate Guaranty of Payment Agreement if the following criteria are met:

- The guaranty has been, or will be, in effect for a minimum of 12 months prior to removal from the guaranty.
- The Card Member has demonstrated good payment performance and personal credit history during the guaranty period.

NOTE: Based on the Card Member's account's performance and personal credit history, we may remove the guaranty and apply overall spending limits to the Card Member's account.

### Please print and complete all information below

Company Name

Corporate ID (CID)

Complete the following information for each Card Member for which a removal from a guaranty agreement is requested. If Guaranty of Payment Agreement is at the Basic Control Account (BCA) level, please check the BCA review box below. Copy this form and use it for additional requests. Incomplete information submitted may delay the processing of the request.

Card Member (CM) Name	CM Account Number	If CM does not qualify for guaranty removal	
		<input type="checkbox"/> Leave guaranty as is	<input type="checkbox"/> Cancel card
		<input type="checkbox"/> Leave guaranty as is	<input type="checkbox"/> Cancel card
		<input type="checkbox"/> Leave guaranty as is	<input type="checkbox"/> Cancel card
		<input type="checkbox"/> Leave guaranty as is	<input type="checkbox"/> Cancel card
		<input type="checkbox"/> Leave guaranty as is	<input type="checkbox"/> Cancel card

Please review all accounts under Basic Control Account (BCA) \_\_\_\_\_

### Important:

- For Card Members who do not qualify for removal from guaranty, American Express will assume that the client wishes to have Card Member stay on the guaranty agreement unless instructed otherwise.
- For Card Members who qualify for removal from the guaranty agreement with spending limits assigned, American Express will assume that the client approves the guaranty removal and spending limits unless instructed otherwise.

Signature of Authorizing Company Officer

Date

Print Full Name and Title

Please submit this form to American Express for processing.

Fax:: (602) 744 - 8891 Mail: American Express Travel Related Services Company, Inc.  
American Express Service Center - Phoenix  
ATTN: Corporate Maintenance Team (CMT)  
20022 North 31<sup>st</sup> Ave MC AZ08031  
Phoenix, AZ 85027

