

Application for your Supplementary American Express® Platinum Rewards Credit Card

- Complete all fields using BLOCK CAPITALS in blue or black ink, then sign and date the form.
- If you have any questions, simply contact American Express for Card enquiries on 1300 366 220.

Please complete the fields below as these help us to process your application faster.



SECTION 1 – YOUR PERSONAL DETAILS

Your American Express Credit Card Number (You MUST provide your Card details)

3 7 6 0 - [] [] [] [] - [] [] [] []

Title (Please ✓ tick as applicable) Mr Mrs Miss Ms Dr

First Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Full Middle Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Surname [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Date of Birth
D D M M Y Y

SECTION 2 – YOUR CONTACT DETAILS

Home Telephone No. (0) - [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Work Telephone No. (0) - [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Mobile Telephone No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

SECTION 3 – YOUR HOME DETAILS

Current Residential Address (Please do not provide a PO Box No.)

Unit No. [] [] [] [] Street No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Street Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Suburb [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

State [] [] [] [] Postcode [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

SECTION 4 – SUPPLEMENTARY CREDIT CARD DETAILS 1

You can choose any friend or family member, over 18 years of age, to receive a Supplementary Card.

Name to appear on Card (You can use a maximum of 20 characters, including spaces – please spell last name in full)

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Title (Please ✓ tick as applicable) Mr Mrs Miss Ms Dr

First Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Full Middle Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Surname [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Unit No. [] [] [] [] Street No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Street Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Suburb [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

State [] [] [] [] Postcode [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Mobile Telephone No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Date of Birth (You must be over 18 years to apply) D D M M Y Y [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Driver's Licence No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

If the Supplementary Card applicant is an existing American Express Cardmember, please provide their Credit Card Number

3 7 6 0 - [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

By signing here, I certify that I have read and agreed to the declaration on the back of this application.

Signature of Supplementary Card Applicant [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Date D D M M Y Y

SECTION 5 – SUPPLEMENTARY CREDIT CARD DETAILS 2

You can choose any friend or family member, over 18 years of age, to receive a Supplementary Card.

Name to appear on Card (You can use a maximum of 20 characters, including spaces – please spell last name in full)

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Title (Please ✓ tick as applicable) Mr Mrs Miss Ms Dr

First Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Full Middle Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Surname [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Unit No. [] [] [] [] Street No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Street Name [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Suburb [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

State [] [] [] [] Postcode [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Mobile Telephone No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Date of Birth (You must be over 18 years to apply) D D M M Y Y [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Driver's Licence No. [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

If the Supplementary Card applicant is an existing American Express Cardmember, please provide their Credit Card Number

3 7 6 0 - [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

By signing here, I certify that I have read and agreed to the declaration on the back of this application.

Signature of Supplementary Card Applicant [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Date D D M M Y Y

PLEASE SIGN – BASIC APPLICANT

By signing below, I certify that I have read and agreed to the declaration on the back of this application and accept liability for all Card charges. I also acknowledge that I do have a good credit history.

Signature of Basic Applicant [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
Date D D M M Y Y

Please return the application form in the envelope provided
OR (Fax) 02 9271 1007
OR (Post) American Express, Reply Paid 5148, Sydney NSW 2001.

Please ensure that the application is only sent once.
Once we have received your application, you should hear back from us within 10 days.

Office use only
S/C: 2G3425SA01 AT1: AUA55
SPID: 1SP

DECLARATION

IMPORTANT: THE BASIC CARD APPLICANT MUST READ THE INFORMATION AND SIGN OVERLEAF

To American Express Australia Limited ("our", "us", "we" or "American Express"):

By signing on the previous page, I request American Express to issue me with the Card specified in the application, and I declare that:

- The information I have given on this application is true and complete and I authorise American Express to check that information. I acknowledge that American Express relies on this information to consider this application.
- I am financially solvent and able to pay all my debts as they fall due.
- If this application is approved, I will comply with the Credit Card Conditions and Financial Table that American Express will send me with the Card and will pay all fees and charges referred to in the Financial Table.
- I understand and agree that I will be liable for all charges on the Basic Credit Card and all Supplementary Credit Card(s).
- American Express may produce this application or a copy or other reproduction of it as evidence of my application for the Card and my agreement to this Declaration.

Invitation

I invite American Express and your agents and your preferred alliance organisations (including insurance companies) to use my personal information for marketing purposes. This includes contacting me by telephone, mail or email to discuss and agree with any purchase of goods or services from an American Express Company or your products and of any third party providing products jointly marketed with American Express. I understand that I can call 1300 362 991 if I want to withdraw this invitation and remove my name from your marketing lists or to cease receiving telemarketing calls. This invitation will remain in place until I withdraw it or until I cease being an American Express Cardmember.

Authority to American Express under the Privacy Act:

To assess this application, and if it is approved, to establish and manage the Card account, I understand American Express needs to:

- Collect personal information about me in this application form and from other sources; and
- Obtain my agreement in relation to the handling of my personal information.

If I do not provide the information requested or give my agreement overleaf, I understand American Express may decline my application.

The American Express Privacy Policy Statement sets out policies on management of personal information. In accordance with the Privacy Act, any person may access personal information about them held by American Express, and advise if they think it is inaccurate, incomplete or out of date.

To arrange access to personal information, request a copy of the American Express Privacy Policy Statement or enquire generally about privacy matters, write to – The Privacy Officer, American Express, GPO Box 1582, Sydney NSW 2001.

In this section, 'personal information' means information about me and the Supplementary Card applicant, including about my financial circumstances, my creditworthiness, credit history, credit standing, credit capacity, my use of the Card and conduct of my account with American Express.

I agree that, subject to the Privacy Act, American Express and your agents may do the following (and if this application is successful, this agreement continues until such time as any credit provided to me is repaid):

- Obtain credit reports about me from credit-reporting agencies to assess this application or to collect overdue payments from me, and obtain personal information from a business that provides commercial creditworthiness information.
- Transfer personal information confidentially to your related companies and other organisations which issue or service American Express Cards or provide services to American Express, subject to appropriate conditions of confidentiality. This includes transferring personal information to the USA or other countries for data processing and servicing.
- Monitor and record my telephone conversations with American Express from time to time in order to train your staff and control your service quality.
- Provide personal information to any organisation whose name, logo or trademark appears on this application or on the Card issued to me for marketing, planning, product development and research purposes, and seek from and exchange with such organisations personal information about me.

I also agree that where I have provided American Express with information about another individual in this application form, I will make sure that the individual is aware of:

- My supplying their information to American Express and the purposes for which American Express has collected the information;
- Their ability to access that information in accordance with the Privacy Act (and advise American Express if they think the information is inaccurate, incomplete or out of date); and
- The contact details of your Privacy Officer.

Contact American Express for Card enquiries on 1300 366 220
Monday to Sunday, 8.00am–7.00pm Sydney time
GPO Box 1582, Sydney NSW 2001
americanexpress.com.au

