

Business Travel Account Online Statement Enrollment

Please email completed form to: BTA.Online.Statements@AEXP.com

Company Name: _____ Today's Date: _____

Existing Basic Business Travel Account Number(s):

Please attach sheet of additional basic BTA numbers, if necessary **(supplemental BTA numbers are not applicable)**

Part I. Statement Set-Up

Online Statement Recipient Name: _____ Phone #: _____
(One recipient per form)

Current Office Mailing Address: _____
City: _____ State: _____ Zip: _____

(If the office mailing address listed above is different than the address currently on file, please contact 1-888-800-9654 to update this information)

Registration for American Express @ Work[®] BTA Online Statements:

Is the Online Statement Recipient listed above currently enrolled in American Express @ Work?

Yes. Please provide @ Work User ID: _____

No. Please complete the following:

NOTE: You do not need to complete the following if the Online Statement Recipient is already enrolled in American Express @ Work.

Company E-mail Address of Online Statement Recipient (requestee): _____

Verification PIN: _____ Verification Word (4-20 characters,
(4 numbers only) case sensitive, no spaces or special characters) _____

Part II. Travel Agency Information

Please select your Travel Agency(s) used to book Business Travel:

Other: CALTRAVELSTORE (State of California – Statewide Travel Program)

AGREEMENT: Company requests that American Express discontinue delivering paper statements and authorizes the receipt of online statements (the "BTA Online Statement") related to the Business Travel Account(s) listed on this Enrollment Form. By executing below, the Company understands and agrees that it shall no longer receive paper statements for such accounts effective on the date of receipt and acceptance of this Enrollment Form by American Express. American Express agrees to notify Company in the event that this Enrollment Form is declined for any reason. American Express is not liable for any damages arising from the misdelivery of any BTA Online Statement based on the information provided in this Enrollment Form.

By executing below, I represent and warrant that I am authorized to complete this Enrollment Form on behalf of the Company. By signing below I indicate my acceptance of the Agreement.

Online Statement Recipient Signature: _____

IF you are an additional statement recipient, the main Program Administrator assigned to your department account must sign this enrollment form (below) to validate your BTA online statement enrollment.

Program Administrator Signature (if applicable): _____