

**American Express Meeting Planner's Account
Payment Process**

No charges may be processed through American Express without Signature Authorization from the Authorized Department Representative shown below:

(Type in Department's name)

Today's Date: _____ Meeting Dates: _____

Contractor Name: _____

Street Address: _____

City, State, Zip Code: _____

This American Express (AMEX) Account Number is specifically assigned to the following meeting and not for use on future dates or meetings.

Meeting Name: _____

AMEX Account Number: _____ - _____ - _____ Expiration Date: _____ / _____

The last five digits and expiration date will be provided at the time payment is authorized.

Authorized Department Representative:

Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Payment of Invoice: Upon completion of the meeting, the hotel accounting office will present to the Authorized Representative a detailed folio/invoice for all charges. If the Authorized Representative is satisfied that the charges are correct, he/she will authorize the Contractor in writing, to process the charges as a single transaction to the AMEX Account Number noted above.

If the folio/invoice is not presented upon completion of the meeting, the Contractor's accounting office will email to the Authorized Representative, a detailed invoice for all charges within 30 days of the event. The Authorized Representative will review the invoice within 15 days to ensure that all charges are correct. If the Authorized Representative is satisfied that the charges are correct he/she will authorize the Contractor in writing, to process the charges as a single transaction to the AMEX Account Number noted above.

Disputed Charges: The Authorized Representative has the right to challenge or contest any charges to the AMEX Account Number which exceed amounts agreed to, are unsupported by adequate documentation, or the Authorized Representative believes there is just and reasonable cause to challenge.

Approved for \$ _____ **Signature:** _____ **Date:** _____

(Authorized Department Representative)