

American Express Merchant Card Participant Setup Form American Express / State of NC

INSTRUCTIONS

1. This Setup Form is to be completed by an entity desiring to be a participant in the American Express Merchant Card Master Services Agreement offered by the Office of the State Controller (OSC) and American Express. Only one Participant Setup Form is to be completed by each participant (also referred to as a "chain"), providing information about the participant (entity). For each merchant number (also referred to as an "outlet") that the entity may be setting up, an additional supplemental form (American Express Merchant Card Outlet Setup Form) is also to be completed. The forms together provide information necessary for OSC staff, American Express staff, and STMS staff to establish the appropriate setups on various systems (Merchant numbers, billing information, statement rendering, etc). They also provide the appropriate contact information for OSC regarding the business contact person, and the technical contact person for technical / security matters.
2. In addition to the execution of this American Express Participant Setup Form, the participant must complete an American Express "Agency Participation Agreement (APA)," to be executed by the Chief Fiscal Officer (1-OSC; 2-DST; 3-American Express Merchant Services; 4-Participant).

Participant Information and Chief Fiscal Officer

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Federal Tax ID: _____

Fiscal Officer: _____

Phone: _____ Fax: _____

Email ID: _____

Participant Category

Select one of the following:

- 541 - General Govt. Agency 547 – University 547 - Community College
 542 - Local Unit of Government 775 – LEA

Comment: _____

Primary Contacts

Business Contact: _____

Title: _____

Phone: _____ Fax: _____

E-mail ID: _____

Technical Contact: _____

Title: _____

Phone: _____ Fax: _____

E-mail ID: _____

Existing STMS Chain Number

Existing STMS Chain Number: _____

Central Billing Information

Complete this section if American Express invoices for all merchant numbers (outlets) are to be remitted to a central billing address. If multiple mailing addresses do not complete this section, but indicate the mailing address on each Outlet Setup Form.

Select one of the following and complete financial address information:

(Complete only if central billing)

Standard: One invoice. Roll-up invoicing, showing separate itemization for each merchant number;

Or

Separate invoice for each merchant number (but mailed to central billing office)

Participant Name: _____

Main Address: _____

City: _____

State: _____

Zip: _____

Attention: _____

Phone: _____ Fax: _____

Email ID: _____

Bank Settlement Account Information

Select one of the following depository banks for settlement of funds:

- Wells Fargo Bank; T/R# 121000248 SunTrust Bank; T/R# 061000104 Other Bank (Name: _____)
9-Digit T/R-Routing # _____

Note: American Express provides funding within 48-hours following receipt of batch for all participants. The Dept of State Treasurer normally pays the bank fees for General Govt. Agencies and Universities. See separate instructions regarding accessing the bank account via the bank's online system.

Settlement Bank Acct #: _____

Other Request / Comment: _____

Required Signature – Participant's Chief Fiscal Officer

The signature of the participant's chief fiscal officer below indicates his/her request to establish the appropriate setups as referenced herein, including any account openings (if applicable); as well as affirming that appropriate procedures are in place to ensure that authorized users of any online system adhere to all applicable security requirements.

Participant (Agency) Name: _____

Chief Fiscal Officer's Name: _____

Title: _____

Signature: _____

Date: _____

Participant's American Express Chain Number

Chain Number/CAP # assigned by American Express: _____
(Only one per participant)

This is not the same as the chain number assigned by STMS.

Note: One or more "outlet merchant numbers" (which may be used for different lines of business or locations within the agency) will be assigned to the participant's single "chain number," with each rolling up to the "chain number." For each "Merchant Outlet Setup Form" that is submitted, a unique "outlet merchant number" will be assigned.

For OSC Use Only

For American Express Establishment Services Use Only

MAP # 4321267833

DAILY GROSS PAY WITH MONTHLY INVOICE FOR FEES – FEES NOT ALLOWED TO BE DEBITED FROM ACCOUNT PER STATE OF NC

REPORTING: AMEX ONLINE MERCHANT SITE PAPER STATEMENTS

ORIGIN CODE = _____

TMID = _____

ADDITIONAL INFORMATION: _____

For STMS Use Only