



**AGENCY PARTICIPATION AGREEMENT  
FOR AMERICAN EXPRESS® CARD ACCEPTANCE  
[State of Florida]**

This Agreement, and any attachments hereto (*Agency Participation Agreement*) is between **AMERICAN EXPRESS TRAVEL RELATED SERVICES COMPANY, INC.** (*we, us or our*), and the **[STATE ENTITY]** (*you and your*).

For good and valuable consideration, receipt of which is hereby acknowledged, both parties agree as follows:

1. The terms and conditions of the Agreement for American Express® Card Acceptance between American Express and the **State of Florida** (*Master Agreement*) shall be incorporated herein by this reference as if fully set forth herein. All terms used herein shall have the same meaning as in the Master Agreement, unless specified to the contrary.
2. For the purposes of this Agency Participation Agreement, the terms *you are your* under the Master Agreement shall mean the **[STATE ENTITY]**. You agree to accept the Card under the terms of the Master Agreement, at a minimum, at all your Establishments where you accept Other Payment Products (except as noted in the Master Agreement). You represent that you have received all the necessary approvals from the State Treasurer’s Office to allow you to enter into this Agency Participation Agreement.
3. Notwithstanding anything to the contrary contained herein, all terms and conditions of the Master Agreement shall remain unchanged and in full force and effect, and this Agency Participation Agreement shall continue in effect for so long as the Master Agreement is in full force and effect. If the Master Agreement terminates for any reason, this Agency Participation Agreement shall also immediately terminate without further notice.

**IN WITNESS WHEREOF**, the parties have caused this Agency Participation Agreement to be executed effective as of \_\_\_\_\_.

**[STATE ENTITY]**

**AMERICAN EXPRESS TRAVEL  
RELATED SERVICES COMPANY, INC.**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Thomas F. Pojero  
Senior Vice President  
Merchant Acquisition North America

**AGENCY PARTICIPATION AGREEMENT - SET UP FORM  
[STATE ENTITY]**

Main Address: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

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**Banking Information:**

Banking Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Depository (ACH) Account for American Express deposits:

ABA # 063100277 \_\_\_\_\_ DDA# \_\_\_\_\_

Debit (ACH) Account for American Express debits (if different to Depository Account):

ABA # \_\_\_\_\_ DDA# \_\_\_\_\_

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**Payment Information:**

Payment Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Individual Pay (Per Establishments) \_\_\_\_\_ Central Pay \_\_\_\_\_ (All Establishments Combined)

Net Pay \_\_\_\_\_ Pay-In-Gross (Auto debit on the 5<sup>th</sup> of following month)

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**Reporting Information**

Reporting Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Standard Reporting**

Electronic Reporting: Please enroll me for American Express Online Merchant Services: Yes No

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**Supply Information:**

Send Start-Up Kits: No Yes If yes, where should kits be sent? To all Establishments

To specific Establishments: \_\_\_\_\_

Supplies Requested:

Number of Multi-Card Decals: \_\_\_\_\_ Number of Multi-Card Plaques: \_\_\_\_\_

Number of Amex Only Decals: \_\_\_\_\_ Number of Amex Only Plaques: \_\_\_\_\_

