



**AGENCY PARTICIPATION AGREEMENT
FOR AMERICAN EXPRESS® CARD ACCEPTANCE
City of Fort Lauderdale**

This Agreement, and any attachments hereto (*Agency Participation Agreement*) is between **AMERICAN EXPRESS TRAVEL RELATED SERVICES COMPANY, INC.** (*we, us or our*), and the **City of Fort Lauderdale** (*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 **City of Fort Lauderdale**. 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 _____.

City of Fort Lauderdale

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

By: _____

Thomas F. Pojero
Senior Vice President
Merchant Acquisition North America

Name: _____

Title: _____

AGENCY PARTICIPATION AGREEMENT - SET UP FORM
City of Fort Lauderdale

Main Address: _____

Primary Contact Name: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Tax ID Number: _____

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# _____

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 5th of following month)

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

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: _____

AGENCY PARTICIPATION AGREEMENT - SET UP FORM (CONTINUED)
City of Fort Lauderdale

Establishment Information : (PLEASE COMPLETE THIS FORM FOR EACH ESTABLISHMENT UNDER THIS APA)

Account Name:

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(25 character limit)

DBA Name:

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Address 1:

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Address 2:

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City

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State

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Zip Code

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Establishment 's Internet Site/Website Address (if applicable)

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Area's Gross Revenue or Card Revenue: _____

Authorized Signer's Name: _____

Establishment Contact Name: _____

Telephone Number: _____ **Fax Number:** _____ **E-mail:** _____

Processor Information:

Is the same Processor at all Establishments? : Yes No

Processor Name at this Establishment

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Processor Contact Name: _____

Telephone Number: _____ **Fax Number:** _____ **E-mail:** _____