

Appendix G – Work Order Form

Work Order Form

Electronic Value Transfer Administrator

AMERICAN EXPRESS® CARD ACCEPTANCE

WITH

AMERICAN EXPRESS TRAVEL RELATED SERVICES COMPANY, INC.

CONTRACT #PS69501

Section 1: Program Details		
Date:	Program Plan Application Approval #:	Program Plan Application Approval Date:
Authorized User Name:		Payment Program Name:
		Division Name:
<u>Contractor Information:</u> American Express Travel Related Services Company, Inc. Merchant Services PO Box 53773 Phoenix, AZ 85072		<u>Authorized User Information:</u> Name: Title: Email Address: Phone Number: Location of Service Address:
Expected Start Date of Servicing:	Did you have a previous EVTA 2 Work Order Form with OGS Procurement Services and American Express? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your previous OGS Procurement Services EVTA-2 approval #:	

Section 2: Administrative Requirements Checklist	
Invoicing: (Billing statement contact: name/ address/ phone number):	
Chargebacks: (Contact: name/ address/ phone number):	

Section 3: Unique Terms and Conditions	
Convenience Fees: (merchant managed)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how the fee will be computed:
Service Fees: (3 rd party managed)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe how the fee will be computed:

Section 4: Pre-existing merchant accounts (CAP/ MID #'s)	
List pre-existing CAP or Merchant Identification Number (MID) with Amex	

Section 5: Signature Section

OGS Procurement Services EVTA Approval