



Service Order Form

Vendor Name _____ Contact Name _____

Date Sent _____ Phone Number _____ Fax Number _____

Market Data Services _____ E-mail _____

Phone: 212-306-1340 Fax: 212-306-2086
E-mail: Deltisha Hendricks: deltisha.hendricks@amex.com Francina Jean-Louis: francina.jean-louis@amex.com
Jermyeta Joyner: jermyeta.joyner@amex.com Gary Wong: gary.wong@amex.com

PLEASE IDENTIFY:

- Request For Approval - New Account New Location Name Change Relocation
Vendor Account Number Change Billing Address Change Test units Recovery Site Educational ***
(Circle One)

If a name change, include old name & vendor account # here => _____

Subscriber's Existing Amex Account Number => _____
Subscriber's Broker Dealer Number * => _____

SUBSCRIBER NAME: _____

BILLING INFORMATION (Not required if Amex account # is supplied above)* *:

Contact _____ Phone # _____
Street Address _____ Floor/Suite _____
City _____ State _____ Country _____ Zip Code _____

Please Provide E-mail Address (Check Box To Receive Invoices Online): _____
(E-mail Address)

SERVICE LOCATION (Required):

Vendor Account # _____
Contact _____ Phone # _____
Street Address _____ Floor/Suite _____
City _____ State _____ Country _____ Zip Code _____

Status: Approved Not approved Vendor Services Specialist: _____

Comments: _____

* If a Member Firm, a Broker Dealer Number must be provided in order for member rates to apply.
** Attach an addendum if there is a third party payor.
*** For Educational accounts, the customer must submit a letter to the Amex explaining how they plan to use the data in order to receive approval for a fee waiver.