



# FEEDBACK FORM AMERICAN EXPRESS

## AMERICAN EXPRESS® TRAVELERS CHEQUES AND PREPAID SERVICES

### Customer Feedback Form

\*Required field, please fill out.

Date: \*

#### Customer Contact Information

Full Legal Name: \*  \*

Address: \*   
  
\*   \*

\*  Contact Phone Number: \*

American Express Cardmember: \*  Purchaser/Recipient: \*

Was this purchase for corporate or consumer use:

#### Product Information

American Express Product Involved: \*

Reference Type:  Reference Number: \*

Currency:

#### Feedback Details

Feedback Type:  Date of Incident, if applicable:

Explain your feedback fully, describing events in the order they occurred and steps that have been taken to assist you:  
  
If needed, continue explanation on page 2

#### Establishment Information

Name of establishment where issue occurred, if applicable:

Address:

Establishment Type:

Please fax or mail this form along with all relevant documentation (receipts, proof of purchase or payment).

FAX: (801) 945-2711 (U.S. only)  
+1 (801) 945-2711 (outside U.S.)

MAIL: American Express Customer Relations  
4315 South 2700 West  
Salt Lake City, UT 84184-0240  
U.S.A.

SAVE

PRINT



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AMERICAN EXPRESS**

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Customer Feedback Form (continued)

Use this space to further explain your feedback in full, describing events in the order they occurred and steps that have been taken to assist you:

specific incident details (continued):

[Empty text area for providing specific incident details]

Please fax or mail this form along with all relevant documentation (receipts, proof of purchase or payment). \_\_\_\_\_

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