



FEEDBACK FORM AMERICAN EXPRESS

AMERICAN EXPRESS® PREPAID Customer Feedback Form

*Required field, please fill out.

Date: *

Customer Contact Information

Full Legal Name: *

Address: *

* *

*

*

American Express Cardmember: * Yes No

We will only use the information you provide here to respond to your Customer Service request.

Product Information

American Express Product Involved: *

Product/Reference Number: * Currency: *
(ex. serial number, card number, claim number, order number, etc.)

Feedback Details

Explain your complaint 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 Contact:
(ex. phone, fax, e-mail, website, etc.)

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 84184-0440
U.S.A.

SAVE

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**FEEDBACK FORM
AMERICAN EXPRESS**

AMERICAN EXPRESS® PREPAID

Customer Feedback Form (continued)

Use this space to further explain your complaint 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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