

AMEX (Middle East) B.S.C (c)
P O Box 5990
Manama – Bahrain
Tel: (+973) 17557707
Fax: (+973) 17557833

Merchant Payment Electronic Funds Transfer (EFT) Agreement



Merchant Name <i>(Commercial Registration License)</i>	_____
Commercial Registration No.	□ □ □ □ □ □ □ □ □ □
Sole Proprietorship <input type="checkbox"/>	Name of Owner _____
Partnership <input type="checkbox"/>	Name of Partner 1 _____
	Name of Partner 2 _____
Ltd Liability Company <input type="checkbox"/>	Name of Managing Director _____
Merchant Account Number <i>(e.g. 976-123-456-9)</i>	□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □
Merchant Name <i>(doing business at)</i>	_____
Complete Postal Address	_____ _____
City	_____
Contact Persons	_____
Telephone Numbers	_____ Mobile _____ Fax _____
Business e-mail <i>(if any):</i>	_____
Business Website Address:	http://www. _____
Bank Name	_____
Bank Account Name <i>(to which direct credit transfer would be made for settlement of Amex Card charges)</i>	_____
IBAN/Bank Account Number	_____
Branch Address	_____ _____
Bank Branch Code:	_____

Signature of Establishment Owner/ Partner/Managing Director	<input type="text"/>	Organisation Stamp
Title (Print)	_____	
Date	□ □ □ □ □ □ □ □ □ □	

Important: By completing and signing this form, you authorise American Express to change your payment receipt method from cheque to direct credit bank transfer to the bank account indicated above and also authorise American Express to verify your bank account details with your bank.

Please complete this form, together with a copy of the commercial registration document and mail it to the below mentioned address:
American Express
Merchant Relationships
PO Box 5990
Manama – Bahrain

For AMEX internal use only		
Verified authorised signatories against CR	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Verified bank a/c details with merchant's bank	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date set-up	□ □ □ □ □ □ □ □ □ □	