AMEX (Middle East) B.S.C. (c) - Emirates

27th Floor, Media One Tower Dubai Media City, P.O. Box 2390 Dubai, United Arab Emirates

Merchant Payment Electronic Funds Transfer (EFT) Agreement



Merchant Name (Commercial Registration License)	
Commercial Registration No.	
VAT/Tax Registration Name:	
VAT/Tax Registration Number:	
Sole Proprietorship	Name of Owner
Partnership	Name of Partner 1
	Name of Partner 2
Ltd Liability Company	Name of Managing Director
Merchant Account Number (e.g. 976-123-456-9)	
Merchant Name (doing business at)	
Complete Postal Address	
City	
Contact Persons	
Telephone Numbers	Mobile Fax
Business e-mail (if any):	
Business Website Address:	http://www.
Bank Name	
Bank Account Name (to which direct credit transfer would be made for settlement of Amex Card charges)	
IBAN/Bank Account Number	
Branch Address	
Bank Branch Code:	
Signature of Establishment Owner, Partner/Managing Director	<u> </u>
Title (Print)	
Date	D D M M Y Y Y Y Organisation Stamp
Important: By completing and signing this form, you authorise American Express to change your payment receipt method from your current bank account or 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 return it to your American Express Relationship Manager.	
For AMEX internal use only	
Verified authorised signatories	against CR Yes No Date set-up D M M Y Y Y Y
Verified bank a/c details with n	Date set-up