# AMERICAN EXPRESS

# APPLICATION TO BECOME AN AMERICAN EXPRESS®

# **SECTION 1 – TRADING DETAILS**

Merchant Business Name:	
Type of Service:	Contact Person:
Business Address:	Contact Name:
Address Line 1:	Job Title:
Address Line 2:	Mobile Number:
Town/City:	Email:
Postal Code:	Is this person the authorised signatory?
Country:	Yes No
Telephone Number:	If you are an existing AMEX Merchant, please provide your AMEX Merchant ID Number(s) (MID):
Business Email:	
Business Website:	

# **SECTION 2 – SUBMISSION INFORMATION**

Terminal Provider:	Trading Online     ☐ Yes     ☐ No       If Yes, please complete section below;       Online Channels:     ☐ Website     ☐ App     ☐ MOTO     ☐ Kiosk
Number of Terminals:	□ IVR □ Payment Link
Terminal ID Number (TID):	Business Website: Gateway Provider: Gateway MID:
Number of outlets:	Safekey: Yes No

IBAN:

Branch Address: SWIFT Code:

## **SECTION 3 – SETTLEMENT BANK DETAILS**

Bank Name:								
Account Name: Account Number:								

## **SECTION 4 – BUSINESS DETAILS**

Local legislation requires us to gather the following information about you and your company and its beneficial ownership. We will not be able to process your application without it.

Legal Name: (as shown on Commercial Registration)			
Trade License / CR Number:			
Tax Identification Number (TIN) (where applicable)			
Merchant VAT TRN:			
Business Legal Structure:			
Sole Proprietorship	Partnership		
Limited Liability Company (L	LC) Government Body		
Charity			
Other, please specify:			

# Authorised Business Contact (Signatory):

\*\*Individuals who are responsible for the day-to-day management of the merchant account\*\*

Full Name	
Job Title:	
Address:	
Date of Birth:	
Nationality:	
Email:	
Telephone Number:	

□ We will use your email address to notify you of important information about your merchant account. Please check the box if you do not want to receive messages about new products, services and resources available to your business.

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#### **SECTION 5 – BENEFICIAL OWNERS**

For all entities, excluding government entities, please provide the full details below of all Beneficial Owner(s) / Partner(s).

#### Beneficial Owner 1

# Beneficial Owner 3

Full Name:	Full Name:
Country:	Country:
Nationality:	Nationality:
Beneficial Owner 2	Beneficial Owner 4
Full Name:	Full Name:
Full Name:     Country:	Full Name:Country:

## For LLC Companies please provide the Managing Director details

Full Name:	
Country:	
Nationality:	

### **TERMS OF BUSINESS**

To be completed by American Express Representative or Sales Manager.

Net Discount Rate:

%

Net Disc. Rate (Domestic):

Net Disc. Rate (International):

	%
	%

#### **SIGN HERE**

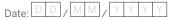
By signing this application, on behalf of the applicant business and in my capacity as Authorised Signatory

- Laccept the AMEX (Middle East) B.S.C. (c) ("AEME") Card Acceptance Terms and Conditions provided with this application and request that the applicant business is set up as an American Express Merchant.
- I confirm the information given in this application is true and correct and I hereby authorise AEME to: (a) contact any source, including credit reference
  agencies, to obtain information it requires to establish the applicant business as an American Express Merchant including, but not limited to,
  information required to establish my identity and/or the identity of the other persons named in this application; (b) use various statistical methods to
  assist in evaluating the applicant business' credit worthiness in assessing this application and set up the relevant account; and (c) contact the applicant
  business' bank or building society or any referee to obtain any information required to assess this application.
- I confirm that: (a) I have informed the persons named in this application of the purposes of the processing carried out by AEME; (b) I have the authority of the other persons named in this application to disclose their details to AEME; and (c) I have informed them that further identification and verification checks may be carried out against them as required.

#### Accepted and Agreed by:

Name:	
Designation:	
Signature:	





#### PLEASE PROVIDE THE FOLLOWING DOCUMENTS ALONG WITH A SIGNED VERSION OF THIS APPLICATION:

- COPY OF COMMERCIAL REGISTRATION OR TRADE LICENSE.
- □ COPY OF VAT REGISTRATION CERTIFICATE (ONLY APPLICABLE FOR BAHRAIN AND UAE).
- □ PASSPORT COPY AND/OR LEGAL ID OF AUTHORISED SIGNATORY.
- COPY OF BOARD RESOLUTION / ARTICLES OF ASSOCIATION. FOR LLC COMPANIES PLEASE PROVIDE MEMORANDUM OF ASSOCIATION (MOA). IF THE AUTHORISED SIGNATORY NAME IS NOT MENTIONED ON ANY OTHER DOCUMENT (I.E. TRADE LICENSE OR MOA), PLEASE PROVIDE THE POWER OF ATTORNEY (POA).
- COPY OF BANK STATEMENT WITH IBAN NUMBER.

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# FOR AMERICAN EXPRESS INTERNAL USE ONLY

Merchant Number:	
(SE# for official use only)	
Central Merchant Number:	
Add to Chain Number:	
Signing Sales Rep Name:	
Salesman ID:	
Signature:	
Date:	DD/MM/YYY
Signed by (Manager):	
Signature:	
Date:	

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