

## APPLICATION TO BECOME AN AMERICAN EXPRESS®

### SECTION 1 – TRADING DETAILS

Merchant Business Name:	<input type="text"/>		
Type of Service:	<input type="text"/>		
<b>Business Address:</b>			
Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
Town/City:	<input type="text"/>		
Postal Code:	<input type="text"/>		
Country:	<input type="text"/>		
Telephone Number:	<input type="text"/>		
Business Email:	<input type="text"/>		
Business Website:	<input type="text"/>		

  

<b>Contact Person:</b>	
Contact Name:	<input type="text"/>
Job Title:	<input type="text"/>
Mobile Number:	<input type="text"/>
Email:	<input type="text"/>
Is this person the authorised signatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are an existing AMEX Merchant, please provide your AMEX Merchant ID Number(s) (MID):	
	<input type="text"/>

### SECTION 2 – SUBMISSION INFORMATION

Terminal Provider:	<input type="text"/>	Trading Online	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acquirer Merchant ID:	<input type="text"/>	If Yes, please complete section below;	
Number of Terminals:	<input type="text"/>	Online Channels:	<input type="checkbox"/> Website <input type="checkbox"/> App <input type="checkbox"/> MOTO <input type="checkbox"/> Kiosk <input type="checkbox"/> IVR <input type="checkbox"/> Payment Link
Terminal ID Number (TID):	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Number of outlets:	<input type="text"/>	Business Website:	<input type="text"/>
		Gateway Provider:	<input type="text"/>
		Gateway MID:	<input type="text"/>
			<input type="text"/>
			<input type="text"/>
		Safekey:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION 3 – SETTLEMENT BANK DETAILS

Bank Name:	<input type="text"/>	IBAN:	<input type="text"/>
Account Name:	<input type="text"/>	Branch Address:	<input type="text"/>
Account Number:	<input type="text"/>	SWIFT Code:	<input type="text"/>

### 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:	<input type="text"/>
<small>(as shown on Commercial Registration)</small>	
Trade License / CR Number:	<input type="text"/>
Tax Identification Number (TIN)	<input type="text"/>
<small>(where applicable)</small>	
Merchant VAT TRN:	<input type="text"/>
Business Legal Structure:	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government Body <input type="checkbox"/> Charity	
Other, please specify:	<input type="text"/>

#### Authorised Business Contact (Signatory):

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

Full Name	<input type="text"/>
Job Title:	<input type="text"/>
Address:	<input type="text"/>
Date of Birth:	<input type="text"/>
Nationality:	<input type="text"/>
Email:	<input type="text"/>
Telephone Number:	<input type="text"/>

☐ 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

Full Name:   
Country:   
Nationality:

#### Beneficial Owner 3

Full Name:   
Country:   
Nationality:

#### Beneficial Owner 2

Full Name:   
Country:   
Nationality:

#### Beneficial Owner 4

Full Name:   
Country:   
Nationality:

### 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

- I accept 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:

Has a version of Terms and Conditions been provided? ☐ Yes ☐ No

Click here to download a copy of the Terms and Conditions:

[americanexpress.com.bh/merchantservices](http://americanexpress.com.bh/merchantservices)

Date:  /  /

#### 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.

## APPLICATION TO BECOME AN AMERICAN EXPRESS®

### 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 / YYYY

Signed by (Manager):

Signature:

Date:

DD / MM / YYYY



**DON'T**  
*do business*  
**WITHOUT IT™**

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