

# American Express AccessLine® Registration Form

Before completing this form, please acknowledge you have received and read our Telegraphic Transfers Product Disclosure Statement by ticking this box.

## SECTION 1: CLIENT'S DETAILS

REGISTERED BUSINESS NAME	TRADING AS
<input type="text"/>	<input type="text"/>
ACN/ARBN	ABN
<input type="text"/>	<input type="text"/>

## SECTION 2: AUTHORISED CARD(S)

Please list below the American Express issued Corporate Cards you would like to utilise.

By providing the Card details and signing this AccessLine Registration Form, you authorise any current authorised user(s) and any new authorised user(s) advised by you to American Express to initiate transactions on your behalf.

CARD MEMBER 1	
NAME APPEARING ON CARD	CARD NUMBER
<input type="text"/>	<input type="text"/>
EXPIRY DATE (MM/YY)	SIGNATURE
<input type="text"/>	<input type="text"/>
CARD "NICKNAME" TO APPEAR ON TRANSACTION SCREEN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<small>If no preferred card name ("nickname") provided, the last 4 digits of the card number will appear (e.g. GREEN-1005). Preferred names can be up to 10 alpha-numeric characters (including white spaces, no symbols or special characters).</small>	

CARD MEMBER 2	
NAME APPEARING ON CARD	CARD NUMBER
<input type="text"/>	<input type="text"/>
EXPIRY DATE (MM/YY)	SIGNATURE
<input type="text"/>	<input type="text"/>
CARD "NICKNAME" TO APPEAR ON TRANSACTION SCREEN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<small>If no preferred card name ("nickname") provided, the last 4 digits of the card number will appear (e.g. GREEN-1005). Preferred names can be up to 10 alpha-numeric characters (including white spaces, no symbols or special characters).</small>	

CARD MEMBER 3	
NAME APPEARING ON CARD	CARD NUMBER
<input type="text"/>	<input type="text"/>
EXPIRY DATE (MM/YY)	SIGNATURE
<input type="text"/>	<input type="text"/>
CARD "NICKNAME" TO APPEAR ON TRANSACTION SCREEN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<small>If no preferred card name ("nickname") provided, the last 4 digits of the card number will appear (e.g. GREEN-1005). Preferred names can be up to 10 alpha-numeric characters (including white spaces, no symbols or special characters).</small>	

## SECTION 3: CLIENT'S DECLARATION

By signing the below, I/We, the Authorised Signatory of the Client named in this AccessLine Registration Form, confirm that the personnel listed above are business employee(s).

I acknowledge that I have read and agree to both the terms and conditions in this AccessLine Registration Form and the Telegraphic Transfers Product Disclosure Statement and I, as the authorised officer, bind the client to the same.

I acknowledge that American Express AccessLine was formerly known as 'FX International Payments-Settlement on Card' and that certain American Express issued documents may still contain references to the old title. For the avoidance of doubt, I agree that the product is now titled American Express AccessLine and that any references to the old title can be taken as referring to American Express AccessLine.

This authorisation will remain in force until terminated by you providing written notice to American Express by email or by post.

NAME OF AUTHORISED OFFICER	SIGNATURE
<input type="text"/>	<input type="text"/>
DATE (DD/MM/YY)	
<input type="text"/>	
POSITION	
<input type="checkbox"/> ACCOUNT ADMINISTRATOR <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> SOLE DIRECTOR/DIRECTOR <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> PARTNER	
NAME OF AMERICAN EXPRESS CARD AUTHORISED SIGNATORY (IF DIFFERENT TO ABOVE)	SIGNATURE
<input type="text"/>	<input type="text"/>
DATE (DD/MM/YY)	
<input type="text"/>	
POSITION	
<input type="text"/>	

CLEAR FORM

## Contact Us

**Email** [businessfxip@aexp.com](mailto:businessfxip@aexp.com)  
**Call** 1300 554 884  
**Visit** [www.americanexpress.com.au/fx](http://www.americanexpress.com.au/fx)