



# CORPORATE MEMBERSHIP REWARDS THIRD PARTY PROGRAM AUTHORISATION FORM

## Corporate Membership Rewards Program

Please use BLOCK letters to complete this form. All fields are mandatory.  
This consent form must be completed by the Corporate Membership Rewards Program Administrator.

### 1. Company Information

Company Name	
Corporate ID	
Company Membership Rewards Account Number	

### 2. Existing Corporate Membership Rewards Program Administrator

Full Name	
Corporate Card Number	

### 3. Corporate Membership Rewards Authorised Third Party

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
First Name						
Middle Name						
Last Name						
Telephone Number						
	(Country Code)	(Area Code)	(Phone Number)			
Designation						
Business Email Address						

(Your email address is mandatory as a means to contact you regarding this program only and won't be used for marketing purposes).



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### 4. Confirmation

Please add the above person to act as the Authorised Third Party for our Corporate Membership Rewards program.

**Signed by the existing Corporate Membership Rewards Program Administrator for and on behalf of the Company.**

By signing this form, I agree and have understood the Terms and Conditions of the Corporate Membership Rewards program (Terms and Conditions are available at [www.americanexpress.com.au/corporatemr](http://www.americanexpress.com.au/corporatemr)).

Signature

Date (DD/MM/YYYY)

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**Please email a scanned copy of your completed and signed form to [cmrsubmissions.au@aexp.com](mailto:cmrsubmissions.au@aexp.com) for processing<sup>^</sup>**

<sup>^</sup>Please note this email address may only be used for the purpose of submissions of applications, cancellations or changes relating to the Corporate Membership Rewards Program. Unfortunately we are unable to reply from this email address if correspondence is not related to the topics indicated.



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