





# CORPORATE PAYMENT SOLUTIONS

## American Express Business Travel Account - Application Form

### 4. Contact Information

#### a) Programme Administrator

The person below is authorized to request, manage, notably appoint @work users and terminate the Business Travel Account.

First Name

Mr.

Mrs.

(As mentioned on the ID document)

Last Name

(As mentioned on the ID document)

Date of birth 

D	D	M	M	Y	Y	Y	Y
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Identification code

Please provide a 4 digit identification code with which we can confirm your (or your department) identity.

Function

Professional address  
(if different from above)

ZIP Code

City

Country

Office phone\*

E-mail address\*

\*The above mentioned contact details (including but not limited to: e-mail, telephone, SMS, MMS or Voice Mail) may be used by Alpha Card in accordance with the General Terms and Conditions and/or any Privacy Statement.

#### b) Statements

This section only needs to be completed if this person is different from the above identified Programme Administrator. The person below is authorized to receive the statements/to access online statements and to receive / request information needed for day to day handling of the account. To get access to the online statements, please fill out the attached 'BTACConnect Customer Enrollee Form'.

First Name

Mr.

Mrs.

(As mentioned on the ID document)

Last Name

(As mentioned on the ID document)

Date of birth 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Identification code

Please provide a 4 digit identification code with which we can confirm your (or your department) identity.

Function

Professional address  
(if different from above)

ZIP Code

City

Country

Office phone\*

E-mail address\*

\*The above mentioned contact details (including but not limited to: e-mail, telephone, SMS, MMS or Voice Mail) may be used by Alpha Card in accordance with the General Terms and Conditions and/or any Privacy Statement.

#### c) Travel Agency contact information

Agency Name

IATA office code

Contact person at Agency

Address

ZIP Code

City

Country

Telephone

Fax

E-mail address

Please fill out this document and send it to: Alpha Card SCRL, Boulevard du Souverain 100, 1170 Brussels, Belgium or return it via e-mail to your dedicated Alpha Card Contact Person.







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6. Authorized Signer(s) – cont.

Authorized signer 2

First Name (As mentioned on the ID document)											<input type="radio"/> Mr.	<input type="radio"/> Mrs.		
Last Name (As mentioned on the ID document)														
Home address														
ZIP Code						City								
Country														
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of birth					
Nationality														
Function														
Signature														
Date	D	D	M	M	Y	Y	Y	Y	Place					



## Required additional documents

**Please be informed that failing to provide any of these documents may delay the set up of your account.**

<input type="checkbox"/> A copy of Articles of Association as published in the Official Gazette	<input type="checkbox"/> The Beneficial Owner/Majority Shareholder appendix (if applicable)
<input type="checkbox"/> A list of Authorized Signers as published in the Official Gazette	<input type="checkbox"/> For Authorized Signer(s), a proof of address
<input type="checkbox"/> A list of Members of the Board of Directors as published in the Official Gazette	<input type="checkbox"/> For Authorized Signer(s), please join: - For Belgian residents, copy (both sides) of valid Belgian ID Card - For all others, copy (both sides) of a valid EU ID Card or international passport
<input type="checkbox"/> A copy of the latest balance	<input type="checkbox"/> BTACConnect Customer Enrollee Details (Registration to BTACConnect is mandatory to have access to the online statements)