

## American Express Corporate Card Application Form – Individual Billing - Individual Settlement



All requested fields are mandatory. Please have this application form signed off by the Company's Programme Administrator and return it to: [corporateapplications.be@aexp.com](mailto:corporateapplications.be@aexp.com)

or by post to Alpha Card - New Accounts - Boulevard du Souverain, 100 - 1170 Brussels Belgium

In order to improve readability and to avoid delays in processing this application form, please fill in this document electronically. You can also print it and complete it in writing, using CAPITAL LETTERS in blue ink or black.

### 1. Professional Details

Client Reference					-				-				
Company name													
VAT number													
Enterprise number													
Street													
House number													
ZIP Code								City					
Country													
Employee number (if applicable)													
Cost center (if applicable)													

### 2. Personal information

Title	<input type="radio"/> Mr.	<input type="radio"/> Mrs.												
First Name <small>(As mentioned on copy of ID)</small>														
Last Name <small>(As mentioned on copy of ID)</small>														
Street														
House number														
ZIP Code								City						
Country														
Nationality														
Date of birth	D	D	M	M	Y	Y	Y	Y	Country of birth					
Place of birth														
Mother's first name <small>(used for identification purposes)</small>														
Language	<input type="radio"/> Dutch	<input type="radio"/> French												
Mobile phone*														
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 Privacy Statement included in the General Terms and Conditions.														
Membership Rewards®	Do you wish to enroll in the American Express loyalty programme Membership Rewards (Annual Fee of 18,50 €)?													
	<input type="radio"/> Yes	<input type="radio"/> No												
<small>Points are not earned with the following charges: Cash advances, American Express Travellers' Cheques, foreign exchange and Express Cash transactions, charges for dishonoured cheques, late payment and referral charges. More information about Membership Rewards can be found on <a href="http://www.americanexpress.be">www.americanexpress.be</a> (.lu)</small>														
Monthly gross income								EUR						



**3. Personal Bank Details**

Bank Name																											
Bank account number (IBAN code)																											
BIC (Bank Identifier Code)																											
Payment method	<input type="radio"/> Direct Debit (Please fill in a Direct Debit mandate) <input type="radio"/> Bank Transfer																										
My monthly Card statements should be sent to	<input type="radio"/> Private address <input type="radio"/> Professional address																										

**4. Signature of the Card Applicant**

**Please join:**  
 - For residents in Belgium, copy/picture (both sides) of valid Belgian ID.  
 - For all others, copy/picture (both sides) of valid EU Identity card or valid international passport.  
 Low quality documents/unrecognizable pictures will be rejected and you will be asked to provide a higher quality copy.

The signatory warrants that he/she has read, understood and accepted the Card's General Terms and Conditions and the Insurances General Terms and Conditions which have been communicated to you by the Programme Administrator within your Company. A copy of the Card's General Terms and Conditions and the Insurances General Terms and Conditions may be requested from Alpha Card, Vorstlaan 100 Boulevard du souverain - 1000 Brussels, Belgium. Tel: +32 (0)21 676 29 29. These documents are also available via [www.americanexpress.be/Documents\\_Corporate](http://www.americanexpress.be/Documents_Corporate) or [www.americanexpress.be/Corporate\\_Documenten](http://www.americanexpress.be/Corporate_Documenten). This agreement shall be effective upon approval by Alpha Card of this application, or once the Card is activated, or after first use of the Card(s), whichever occurs first, all of which, including signing of the Application, constitute acceptance of the General Terms and Conditions.

**Data Protection**

The Undersigned hereby attests to the truth and accuracy of the information provided in this Application Form and hereby gives its consent to Alpha Card to handle its Personal Data. Alpha Card handles Personal Data in its capacity as Data Controller in accordance with the provisions of the Privacy Statement set out in the Card's General Terms and Conditions. These data are used by the Data Controller to manage customer relations, to comply with legal requirements, for its own commercial purposes and to prevent and combat abuse. The customer may object to the use of these data for direct marketing purposes. Since the employer has selected a Corporate Card, the Company's contact person may access the personal data relating to transactions by the Cardholder. To inspect and correct data processed, please contact the Alpha Card - Customer Service, Vorstlaan 100, 1170 Brussels.

Alpha Card may request additional information prior to the issuance of this card and may reject this Application at its discretion.

Signature (Same as on copy of ID)																												
Date	D	D	M	M	Y	Y	Y	Y	Place																			

**5. Signature of the Company's Card Programme Administrator**

It is essential that this form is signed off by the Authorised Company Contact person (The Programme Administrator). Each signer of this application guarantees the correctness of the data. Each signatory warrants that he/she accepts the Card's General Terms and Conditions and the Insurances General Terms and Conditions which have been communicated at the Opening of the Company Account. By submitting this form, the Programme Administrator recognizes that he/she received all the necessary information about the Programme chosen by the Company and which best meets the needs of the Company. The Programme Administrator declares also having informed the Card Applicant about the specifications of the Card. On behalf of the Company I confirm that the details supplied by the applicant are correct. I hereby confirm that the applicant is employed by the company and attach herewith a copy of the applicant's identity document, the original of which has been seen by the company. I hereby approve the applicant's card application.

Name																												
Job title																												
Signature																												
Date	D	D	M	M	Y	Y	Y	Y	Place																			

