AMERICAN EXPRESS

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The data in this application will be treated as strictly confidential.

1. Company data

Company Name:	
Tax I.D.:	
Address:	
Town:	Postal code:
Country:	

2. . Product / Request Level

Please indicate the basic control account number(s) if the request is being made at the Company account level (all products within the business account).

Control Account No. 1:   Control Account No. 2:   Control Account No. 3:

Please indicate the Card number(s).

Card No. 1:   Card No. 2:   Card No. 3:

3 7   3 7   3 7

3. Data of the Bank Account Holder

Reason why you have chosen a direct debit from an account that is not located in Spain (not required for direct debits in Portugal)

Cardholder's bank account

Please complete the fields below if the holder of the bank account is the Cardholder.

Name and surnames:	
Title:	
Residential address:	
State:	

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☐ **Company bank account**

Please complete the fields below if the company is the bank account holderÈ

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Nat. I.D./TR (attach copy):K	
Date of birth:	

("ẃSEPA Direct Debit Payment Order for Recurring Payments

SEPA DIRECT DEBT PAYMENT ORDER

CREDITOR SEPA ID:ÁŒ¦ ^¦ẵ&æ}ẃÖ¢¦^••ẃÖ˘¦]^ẼÄÙ¦ŒÄẄÄÒÙ¦Î ZZZŒ¦¸Ĝ¦Ĝ¦€¦F

By signing this direct debit order, the debtor authorizes (A) American Express Card España SAU to send instructions to the debtor's entity to debit his account and (B) to the entity to make debits to his/her account following the instructions of American Express Card España SAU As part of their rights, the debtor is entitled to be reimbursed by his/her entity in the terms and conditions of the contract signed with it. The request for reimbursement must be made within the eight weeks following the date of debiting the account. You can obtain detailed information on the procedure at your financial institutionÈ

Banking Entity¦Á	
Account open since¦Á	YˌYˌTˌT
ÓÓŒ¦¸ÁCodeÁ	
ÓÓŒ¦ Code	

Signature of bank account holder.

X

DateK   ÖˌÖˌTˌTˌYˌY

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