

## American Express® Business Travel Account (BTA) Travel Booking Provider Change Form



**This form can be used to notify us on the change of Travel Booking Provider for the American Express Business Travel Account.**  
Please ensure you **complete the application form electronically**. When completed please print, have all parties sign the form by hand and return it by e-mail to **implementation.be@aexp.com** or send to your American Express contact person. All fields must be completed in order for this form to be processed (unless otherwise stated). Tel +32 0(2) 205 70 95. Please note that the internet can be insecure and we recommend you use a secure encryption method when sending personal data and/or documentation to us via email.

Have the company details captured on the original application form changed?

Yes  No

If yes, you will need to complete a new application form.

### 1. Existing Company Details

Company Registered Name	
BTA Number (15 digits)	
<input type="checkbox"/> In case this change concerns multiple BTA's please tick this box and provide the BTA numbers at section 4.	
Company Name on the BTA	
Existing Travel Booking Provider Name	

### 2. New Travel Booking Provider Details

New Travel Booking Provider Name	
Preferred Starting Date of the Change	D   D   M   M   Y   Y   Y   Y
New Travel Booking Provider Address	
Postal Code	City
New Travel Booking Provider contact person name	
New Travel Booking Provider contact person Telephone number	
New Travel Booking Provider contact person email	
IATA code	

**3. Signature on behalf of the Company**

Herewith we authorise the above mentioned new Travel Booking Provider to charge all tickets ordered by the Company to the American Express Business Travel Account and to release booked travel data to American Express for billing and reporting purposes. This form needs to be legally signed off on behalf of the Company by an authorised person.

**Authorised person 1**

Official First Name <small>(as mentioned on your ID)</small>		<input type="radio"/> Mr	<input type="radio"/> Mrs
Last name <small>(as mentioned on your ID)</small>			
Job title			
Signature			
Date	D   D   M   M   Y   Y   Y   Y	Place	

**Authorised person 2**

Official First Name <small>(as mentioned on your ID)</small>		<input type="radio"/> Mr	<input type="radio"/> Mrs
Last name <small>(as mentioned on your ID)</small>			
Job title			
Signature			
Date	D   D   M   M   Y   Y   Y   Y	Place	

**4. Additional BTA numbers**

If applicable, please provide the additional BTA's here (maximum 20)

<b>Please note:</b> this form can only be used if the authorised contact person for these BTAs is the same. If not, a separate form will need to be completed.	1		11	
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