

Address change request – Corporate Card

Card Number: _____

Case Number: _____

(Internal use only)

Please complete all information below to ensure your address change request can be actioned
Once you have completed this form please return to corporate card services by fax on **01273 664 234**
please allow 24 business hours. Ensure you include the **full** old and new address.

Card account number: 374 _ _ _ _ _

Cardmember's Name: _____

Current billing address: _____

_____ Postcode _____

New billing address: _____

_____ Postcode _____

Old telephone number: _____

New telephone number: _____

If you need American Express® to issue you a new card please ☐ this box

Declaration

I authorise American Express Services Europe Limited® to change my billing address for my corporate card:

Signature of Cardmember: _____ Date: _____

