

vPayment On Demand Registration Form - UK

Please complete one form per user for each legal entity. The form must be completed by a Programme Administrator on behalf of the business. Please complete all fields. If there is insufficient space, please submit additional information on company letterhead, which should be dated and signed. Unless otherwise defined, any capitalised terms used in this form shall have the same meanings as those set out in the American Express Corporate Programme Terms and Conditions/ Global Master Agreement, as applicable.

For any queries, please contact your American Express Account Manager or our Customer Service Team via email vpayment.servicing.Europe@aexp.com or call us +44 (0) 203 027 3227

1. Company and Account Details

Business Registered Name:

Account Details:

Please provide details of the Account(s) the user is authorised to manage. Please list either Cardpool(s), Company Number or Account name.

<input type="text"/>	<input type="text"/>

2. User Details

The following person is authorised to administer the above mentioned Account(s) on behalf of the business in accordance with the role and permissions in section 3.

Add New ID Modify Delete¹

User's Full Name (First and Last):

User's Employee ID (optional):

User's E-mail Address:

Security Verification (Birth Place):

User's Manager's E-mail Address:

If the user or their employer is located outside the European Economic Area (EEA), or the correspondence address is outside the EEA then you will need to complete a [Global Data Transfer Form](#), unless previously completed by your business.

¹ If delete is selected, please provide user's full name, and complete section 5.

3. User Roles and Permissions

Please select the role and permissions that will be granted to the user in vPayment On Demand. If required, a Client Administration role can be combined with **either** a user role **or** a Workflow Approver role. There can be no other combination between roles.

<input type="checkbox"/> User	<input type="checkbox"/> Client Administration
<input type="checkbox"/> Create Request	<input type="checkbox"/> Manage Cardpool Labels
<input type="checkbox"/> Basic Search Request ²	<input type="checkbox"/> User Listing
<input type="checkbox"/> Advanced Search Request ³	<input type="checkbox"/> Corporate Summary
<input type="checkbox"/> Manage Cardpool Labels	
<input type="checkbox"/> Workflow approver	<input type="checkbox"/> Auditor
<input type="checkbox"/> Workflow email notification	

² Search by card number only. ³ Search by card number and reference fields.

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4. Business Authorisation and Declaration

The information you have given in this form is true and correct. On behalf of the business you confirm that: (i) you have informed the persons named in this form of the purposes of the processing carried out by American Express Services Europe Limited ("American Express"); and (ii) you have the authority of the other persons named in this form to disclose their details to American Express.

Where the information provided constitutes personal information, you understand that such information will be processed in compliance with applicable data protection legislation. Such personal information shall only be obtained for the purposes stated in this form. You acknowledge that personal data provided in this form may be processed in accordance with applicable data protection law for the purposes of administrating your participation in the Programme(s).

For further information on how American Express collects and processes data please refer to the American Express Corporate Programme Terms and Conditions/Global Master Agreement, as applicable.

Where a user is employed by an Affiliate legal entity or a third party servicing centre, you authorise American Express and/or American Express's Affiliates to send or make available to that user /legal entity any data which the user is entitled to receive. You shall ensure: (a) you have the authority from your employees, contractors or agents that use the Programme ("Individuals") and any Individuals of your Affiliates to request sending the data or making it available on a global basis; and (b) the consent of such Individuals is obtained where required by applicable law. American Express does not take responsibility for any information sent or made available to a user/legal entity on such authorisation by you.

You have informed Individuals of the necessity to take precautions to ensure that Accounts, Virtual Account details, Security Information and Codes are kept safe and confidential.

You warrant that the information herein is correct and that you will notify American Express of any changes. Signed on behalf of the business named in section 1 of this form.

Title:

Mr Mrs Ms Miss Other

Full First and Middle Names:

Last Name:

D D M M Y Y

Signature

X

Send completed forms by mail to; American Express Services Europe Limited, Corporate B2B, 1 St John Street, 3rd floor, UMC 87-03-013 Brighton BN88 1NH, or email to vpment.servicing.Europe@aexp.com. Please be aware that the internet and some email services may not always be secure.