

vPayment OnLine 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) 1273 607 000

1. Company and Account Details

Business Registered Name:

Business Registered Address:

Postcode:

 Country:

Please provide details of the Account(s) the user is authorised to manage. Please list either the Company number (15-digit MCA), Billing Account name or Billing Account number.

<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 roles and permissions in section 4.

Add New ID Modify Delete¹

Mr Mrs Ms Miss Other

Full First and Middle Name(s):

Last Name:

Employer Business Name
(if different to Business Registered Name provided in section 1):

Correspondence Address:
(if different to Business Registered Address provided in section 1)

Postcode:

 Country:

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.

Work Telephone Number
(inc. country and area codes):

Work Email Address:

User's Primary Country:

¹ If delete is selected, please provide user ID in section 3 and complete section 5.

3. Enrolment in vPayment OnLine

If the user is an existing Online Service user, please provide their @ Work user ID:

The nominated user should complete the below five fields. This information is used to identify the user for servicing purposes, and will be applied across all Account(s) that the user is authorised to manage.

Date of Birth (DDMMYY):

Mother's Maiden Name:

PIN (must be 4 digit numeric):

 Please do not choose sequential or repetitive numbers, such as 1234 or 5555, replicate your birthday or your Memorable Date.

Memorable Date (DDMM):

 Please do not use your own birthday or replicate your PIN.

Clue to Memorable Date:

