

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:	<input type="text"/>	
Business Registered Address:	<input type="text"/>	
	<input type="text"/>	
Postcode:	<input type="text"/>	Country: <input type="text"/>

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"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<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.	
<input type="checkbox"/> Add New ID <input type="checkbox"/> Modify <input type="checkbox"/> Delete ¹	
Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="text"/>
Full First and Middle Name(s):	<input type="text"/>
Last Name:	<input type="text"/>
Employer Business Name (if different to Business Registered Name provided in section 1):	<input type="text"/>
Correspondence Address: (if different to Business Registered Address provided in section 1)	<input type="text"/>
	<input type="text"/>
Postcode:	<input type="text"/>
	Country: <input type="text"/>
Work Telephone Number (inc. country and area codes):	<input type="text"/>
Work Email Address:	<input type="text"/>
User's Primary Country:	<input type="text"/>

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.

If the user manages Accounts across a number of countries, please nominate your preferred primary country. The primary country defines the default language and starting page for Online Service.

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:	<input type="text"/>
Date of Birth (DDMMYY):	<input type="text"/>
Mother's Maiden Name:	<input type="text"/>
PIN (must be 4 digit numeric):	<input type="text"/>
Memorable Date (DDMM):	<input type="text"/>
Clue to Memorable Date:	<input type="text"/>

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 Accounts(s) that the user is authorised to manage.

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

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

vPayment OnLine Registration Form - UK

4. User Roles and Permissions

Please select the role and permissions that will be granted to the user in vPayment OnLine.

<input type="checkbox"/> vPOL Administrator	<input type="checkbox"/> vPOL User
<input type="checkbox"/> Manage Custom Fields	<input type="checkbox"/> Create, Search, Modify and Delete VAN ¹
<input type="checkbox"/> Search Users	<input type="checkbox"/> MCC Authorisation Override
<input type="checkbox"/> View Corporate Summary	<input type="checkbox"/> Only Search and Delete VAN
<input type="checkbox"/> Workflow SetUp	<input type="checkbox"/> Dispute Transaction
<input type="checkbox"/> File Dashboard	<input type="checkbox"/> Advanced VAN Search
<input type="checkbox"/> Set MCC/ SE Authorisation at Billing Account level	<input type="checkbox"/> Workflow Approver

VAN = Virtual Account Number

¹If the person is granted the permission to create a VAN above, the following limits are **mandatory**. Please make sure that Alert Threshold Amount ≤ Spend Limit per VAN ≤ Spend Limit per Day.

Spend Limit per Day:	<input type="text"/>	Spend Limit per VAN:	<input type="text"/>
Maximum Number of VAN Requests per Day:	<input type="text"/>	Alert Threshold Amount:	<input type="text"/>
Email Address to send Threshold Alert to:	<input type="text"/>		

5. 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 administering 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 vPayment.Servicing.Europe@aexp.com. Please be aware that the internet and some email services may not always be secure.