ELECTRONIC PAYMENT ADVICE (EPA) APPLICATION FORM

MERCHANT/CUSTOMER DETAILS	
Company: Street/Nr.: Postcode / Town: EPA Contact: Phone: Fax: eMail:	
FORMAT OF THE EPA FILE	INTERFACE FOR THE EPA FILE
Masking the card number: yes no Format: German Global (Amex) if Global (Amex): CSV TAB Fixed length Frequency of the EPA file: daily weekly monthly if "Format: Global (Amex)" was selected, only "daily" can be selected here.	new interface existing interface SFTP username:
MERCHANT NUMBER	DECLARATION OF CONSENT AND EXEMPTION
Merchant number: Merchant number: Merchant number: Merchant number: Merchant number: Merchant number:	We hereby issue American Express Payments Europe, S.L. (Germany branch) the order to deliver the electronic data (EPA) of the adjacent merchant number(s) to our contracted service providers (see below on the left). The data is used exclusively for accounting purposes and is treated within the framework of data protection regulations. We hereby issue American Express Payments Europe, S.L. (Germany branch) the order to deliver the electronic data (EPA) of the adjacent merchant number(s) to our to the contact person (see above). The data is used exclusively for accounting purposes and is treated within the framework of data protection regulations. American Express Payments Europe, S.L. (Germany branch) assumes no liability for any
collection of the EPA FILE self collecting The Merchant above is commissioning the following service provider with the collection: Company:	loss, theft or alteration of the data, as well as any damage caused by unauthorized access or any unauthorized use of the data, which arise as a result of the transfer of the data to the service provider and the data processing by the service provider. In this context, we provide American Express Payments Europe, S.L. (Germany branch) completely free from all claims of those affected and third parties. We also refer to the regulations in the terms and conditions for merchants.
Street/Nr.:	I have read the explanation above and wish an implementation for the merchant number stated.
Postcode / Town:	Name:
EPA Contact:	Position in the company:
Phone:	Date: Y Y M M D D
Fax: eMail 1:	Legally binding Signature
eMail 2:	merchant

PLEASE SEND PER EMAIL TO:

PCGGERMANY@aexp.com

Transmission by email is not always secure and American Express assumes no liability for inspection or possible changes by unauthorized third parties.

ALTERNATIVELY SEND TO:

American Express Payments Europe, S.L. (Germany branch), PCG Germany, Güterplatz 1, 60327 Frankfurt am Main, GERMANY

