



AMERICAN EXPRESS® INTERNATIONAL CURRENCY CORPORATE CARD

Pre-Authorisation Request Form

Please be advised that you will receive a response in 3 working hours (opening hours are: 9am – 6pm Monday to Friday).

Please note: If a request is received at 4pm on Friday, it may not be assessed and responded to until 11am Monday.

All information must be completed otherwise the request will be declined.

1. Company Details

Company Name:

Company Registration Number:

Basic Control Account Number (BCA):

2. Card Details

Cardmember Name:

International EUR/USD Corporate Card:

374 - - ####

For security reasons please only complete the blanks of the Card number.

3. Request Information

Please give full and satisfactory reason for the requested charge:

Current Billed Balance:

 EUR/USD

Full Amount of Requested Charge:

 EUR/USD

Total Amount Required:

 EUR/USD

Will Company accept full liability in relation to this PAR amount:

 Y N

Will Company confirm payment in full upon billing :

 Y N

4. Company Authorisation

Name of Programme Administrator/
Authorised Signatory:

This form must be signed by a Programme Administrator or an authorised signatory, signed for and on behalf of the company.

Email Address:

Telephone Number:

Authorised signature

X

D D M M Y Y

Once completed, signed and dated please email this form to Corporate.PARs@aexp.com