



Card Account Authorisation Disclosure Form

I authorise the person named below to transact on my behalf with American Express® Please tick as appropriate:

Third Party Card Account Enquiry

By ticking this box, you authorise American Express to discuss account details, as well as those of any supplementary accounts on the account, with the person nominated below.

Third party account access authorisations are restricted to the disclosure of information only

Travel and lifestyle*

By ticking this box, you, as the American Express Cardmember, are authorising the nominated person to discuss and book travel and lifestyle

Membership Rewards® redemption

By ticking this box, you, as the American Express Cardmember, are authorising the nominated person to discuss and redeem Membership Reward Points

Concierge Service*

By ticking this box, you as the American Express Cardmember, are authorising the nominated person to discuss and book through the Concierge service.

*American Express Services Europe Limited assumes no responsibility for cancellations/booking errors that are made either by you or the third party account nominee. By giving this authority you accept full liability for all transactions that are booked by the said third party account nominee and agree to settle all such transactions in full.

Cardmember details

Account number(s):

Cardmember Name

Cardmember

Address.....

.....
.....

Telephone number.....

Cardmember signatureDate.....

Nominee Details

Nominee Name

Relationship to Cardmember

Nominee Date of Birth

Nominee

Address.....

Nominee Telephone number.....

Password (to prevent unauthorised account access, the nominee password should be something which is known only by the nominee).....

Nominee's signature.....Date.....

Please complete this form and return to us at American Express Services Europe Ltd, FAO Department 79, 1 John Street, Brighton, East Sussex, BN88 1NH.

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