



AMERICAN EXPRESS® REQUEST FORM

Recurring Billing Authority- Existing customers



Section A - To be completed by the customer

Yes! I'd like to have my Allied Express Transport Pty Ltd and Allied Express Overnight Pty Limited ("ALLIED EPXRESS") trading accounts paid by my American Express Card

Allied Express Account and/or Parent Code:

Company Name:

ABN:

Company Phone Number:

I / We request ALLIED EXPRESS to charge the American Express Card shown below in payment of my ALLIED EXPRESS trading account (inclusive of GST), on the day after a invoice statement is issued for payment. This request is to continue until I advise ALLIED EXPRESS in writing to terminate this request.

If American Express declines to accept the transaction as advised by ALLIED EXPRESS, for any reason, I understand that I must organise payment for the ALLIED EXPRESS trading account by another payment method in accordance with ALLIED EXPRESS's Terms and Conditions. By joining the ALLIED EXPRESS and American Express programme, you agree to any outstanding balances you currently hold with Allied Express to be debited from your account immediately.

Print Name and Position Title:

Signature:

Date:

Section B - To be completed by cardmember

I understand that by signing this form I authorise ALLIED EXPRESS to charge certain amounts to the American Express Card account identified below in payment of the ALLIED EXPRESS trading account detailed above, subject to the Terms and Conditions of American Express and ALLIED EXPRESS. This authorisation is to continue until I advise ALLIED EXPRESS in writing to terminate this authority.

American Express Cardmember's Name:

American Express Card Account Number:

Expiry Date

Cardmember's Signature:

Date:

Please fax completed Recurring Bill Authority Form to: (02) 8837 8410 Attention National Credit Manager.

Our commitment to you

Confidentiality

All information pertaining to you and your nominated American Express Card will be kept private and confidential.

Enquiries for American Express Recurring Billing Authority

All communication addressed to Allied Express should include your customer name and account number. Please fax your enquiry to: (02) 8837 8410 Attention: National Credit Manager.

If you believe that a drawing has been initiated incorrectly (excluding any credit claims), we encourage you to take up the matter directly with us by telephoning or emailing your nominated Credit Controller during business hours. You will receive a refund of the drawing amount if we cannot substantiate the reason for the drawing. This excludes credit claim queries which you must lodge within 14 days after the invoice/statement has been issued.

Your commitment to Allied Express

It is your responsibility to ensure that:

- Your nominated American Express Card can accept direct debit;
- On the drawing date there is sufficient funds available on your nominated American Express Card;
- You advise us if the nominated American Express Card is transferred or closed or your account details change;
- A suitable alternate method of payment is arranged if the Direct Debit arrangement is cancelled by you; and
- If your drawing is returned or dishonoured by American Express you will be required to make an alternative arrangement to pay your ALLIED EXPRESS account and incur a penalty fee.

Section C - Office Use Only

Date notified by American Express of acceptance for Recurring Billing Programme:

Date authorised and set within Allied Express system: (Recurring Billing will not be established until authorised by American Express)