

# Credit Card Form

- ▶ Please complete this form in Adobe Reader/Acrobat only. Do not print and handwrite.
- ▶ Once all fields are completed, please send this form to: [ctssecureinbox@egencia.com](mailto:ctssecureinbox@egencia.com)
- ▶ Email subject should be: [LEGAL ENTITY NAME] - New credit card submission

## Sender information

Client Contact Name \*

Client Contact Email \*

Egencia Contact Name \*

\* Mandatory information

## Company information

Egencia Company Name \*

Egencia Customer Number (COMCODE) \*

This information is available at the top right of your invoices, if you don't have access to your invoices yet, please reach out to your Egencia Account Manager for support.

Legal Entity Name (if applicable)

Client VAT (if applicable)

Client Address (if applicable)

\* Mandatory information

## Card information

Account type (BTA / Physical Card) \*

Card number \*

XXXX-XXXX-XXXX-XXXX

Expiry Date \*

DD/MM/YY

Country of issue \*

For which product(s) \*

Please refer to your company policy. If ALL is selected the card will be added as payment for all products/line of business.

Additional information

Please add multiple products here

\* Mandatory information