

Date:

Head of Merchant Services  
CrediMax  
Merchant Services  
P.O.Box 5350  
Manama – Kingdom of Bahrain

Merchant No: \_\_\_\_\_

I the undersigned owner of commercial register No. \_\_\_\_\_ under the name of \_\_\_\_\_ hereby authorize CrediMax to remit and deliver all sums relating to sales and all sums due to acceptance of Visa, MasterCard, JCB and UPI, in addition to Benefit cards to the below bank account:

ACCOUNT NAME:

BANK NAME:

ACCOUNT NO:

IBAN NO:

SWIFT CODE:

This authorization shall be considered valid until you receive from us a written notification to the contrary.

Authorized Signature: \_\_\_\_\_

Authorized Name : \_\_\_\_\_

Attachments:-

- Copy of authorized CPR.
- Copy of valid commercial register.
- Copy of valid bank statement.