



Credit Card Authorization Form



Estimated cost Form _____ Date _____

Estimated By: _____

Cardholder's Name: _____

Cardholder's Billing Address: _____

City: _____ Zip Code _____ Country _____

Please be kind enough to read carefully before signing.

The undersigned Cardholder agrees that the signature on this form constitutes his/her 'signature on file' and immediately becomes his/her agreement to settle all charges as checked and signed by the cardholder and that aplift hellas s.a." **is authorized to charge all such items** to the account identified by the cardholder.

Additional Expenses:

The cardholder hereby authorizes the following estimated additional expenses.

Customs Clearance charges due to change of customs status, Duties, Taxes, Customs dues, Customs Fines, Customs Inspection charges, State surcharges –if any- drivers waiting time costs, overtimes, changes due to weight increase/decrease, dimensions or values.

Cardholder agrees also to pay all excess charges, in the event that the final audited costs are in excess of the estimates. Cardholder will be entitled to a refund in his/her account, in case final audited costs are less than the estimated ones.

Credit Card Number: _____

Expiration date: _____

CVC: _____ Business Tel. No: _____ Cell No: _____

Total Charges : Euro € _____

Cardholders Name: _____ Date: _____

Signature: _____