



## Credit Card Authorization Form

Select One:    

Estimate completed by: \_\_\_\_\_

Today's Date \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_

Cardholder's Billing City, \_\_\_\_\_

Country, State, Zip: \_\_\_\_\_

### Notice to cardholders: Please read before Signing

Cardholder agrees that his/her signature on this form constitutes his/her "signature on file" and become his/her agreement to pay all charges as checked and signed by the cardholder and that MTS ExpoLogistics LTD is authorized to charge all such items to the identified account of cardholder.

### Additional Supplemental Expenses:

The cardholder hereby authorizes the following estimated, additional expenses.

Customs clearances due to changes in customs status, Duty, Taxes, Customs inspections, Customs penalties, Greek Government surcharges if applicable, driver waiting charges, overtime surcharges, changes due to increase / decrease of weight, dimensions Or value.

In the event that the final audited costs are in excess of the estimates, the cardholder shall be responsible for payment of the excess. In the event that the final audited costs are less than the estimates, which are charged to the cardholder's account, the cardholder shall be entitled to a refund.

Credit Card Number: \_\_\_\_\_ Business Tel: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

CVC: \_\_\_\_\_

Charges: EURO € \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

E-mail this completed form to: [defea@mtsexpolog.com](mailto:defea@mtsexpolog.com)  
For questions please contact: +30 210 990 2990