



ORPHEE BEINOGLOU

INTERNATIONAL FORWARDERS & LOGISTICS

CREDIT CARD PAYMENT AUTHORIZATION FORM

CUSTOMER INFORMATION

Name : _____

I.D or Passport number: _____ Date of issue: _____ Date of expiry: _____

Issued by: _____

Address: _____

Postal Code: _____ State: _____ Country: _____

Telephone: _____ Mobile: _____

I hereby authorize ORPHEE BEINOGLOU INTERNATIONAL FORWARDERS S.A. to charge my credit card account as detailed below.

CREDIT CARD INFORMATION.

Card type



Credit card number: _____

Expiration date: _____ (month) _____ (year) CCV: ___|___|___ (3 digit number on back of Visa / MC, 4 digits on front of AMEX)

Amount: _____ €
(to be charged)

(amount to be written in full)

This payment is for (please include your OB reference no.) _____

Pls find attached a copy of my:

I.D.

Passport

Date and place

Signature