



800-221-1256

CREDIT CARD AUTHORIZATION FORM

One Time Use Keep On File
(Check One)

I, _____ authorize Ciocca Parts Warehouse
(please print name)

to keep my _____ credit card with the account number of
(type of credit card)

_____ and the expiration date of
(credit card number)

_____ and _____ on file,
(expiration date) (CCV #)

for use with invoices up to the following amount _____.
(Maximum Amount to Charge Card)

(Authorized Signer's Name)

X

(Signature Authorizing Charge)

(Address)

(City and State)

(Phone Number)

(Zip Code)

(Name on Card)

(CDK Account Number, office use)

(Shop Name)

(Shop Phone Number)

Please email to ***dsalzano@cioccadealerships.com*** or fax to **908-782-1795**.

Credit card transactions will be subject to a 3% processing fee.
This does not include payments made via debit or gift cards.