

CROCI NORTH AMERICA
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PAYMENT BY CREDIT CARD APPROVAL FORM

NAME of COMPANY (Corporate) _____
(**exactly** as it appears on card)

NAME OF CARDHOLDER _____
(**exactly** as it appears on card)

CARD BILLING ADDRESS _____
(as it appears on statement)

SALES ORDER OR INVOICE # _____
Total Sales Amount _____
Sales TAX Amount _____
Freight Amount _____

INVOICE TOTAL \$ _____
SVC CHARGE \$ _____

TOTAL CHARGED \$ _____

CARD NAME _____

SECURITY CODE

CARD NUMBER # _____

EXPIRATION DATE _____

APPROVED BY _____
SIGNATURE OF CARDHOLDER

PLEASE PRINT NAME

APPROVAL DATE _____

NOTE: CHARGES UNDER \$500 - \$15 SVC CHARGE, CHARGES OVER \$500 - \$25 SVC CHARGE. ALL RETURNS, EXCHANGES OR CREDITS REQUIRE PRIOR AUTHORIZATION. REFUNDS/CREDITS WILL ONLY BE BE PROCESSED AS A CREDIT TO THE CUSTOMER'S ACCOUNT.