



**ISUZU**

1971 Lakeland Ave. Ronkonkoma, NY 11779 Phone:(631) 471-1971 Fax: (631) 471-5588

DATE: \_\_\_\_\_

**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_, hereby authorize Capo Brothers, Inc. to charge  
\$\_\_\_\_\_ to the following credit card:

*We accept all major credit cards*

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address on card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

- ◆ PLEASE RETURN THIS FORM VIA FAX IMMEDIATELY SO THAT WE MAY PROCESS THIS TRANSACTION PROMPTLY!

**"A FULL SERVICE DEALERSHIP"**

**Quality is our Priority! Stop by and see the difference.**