

Credit Application Packet Instructions

The following items are included in this packet.

1. Privacy Notice

The Privacy Notice must be completed. The application will not be processed without the completed Privacy Notice.

2. Pennsylvania Exemption Certificate and General Instructions

Complete and return the PA Exemption certificate with your application if your purchases are PA sales tax exempt. Without the completed PA Exemption Certificate, we must charge you PA sales tax on your purchases.

3. Application for business credit

- ✓ Please indicate an approximate amount of credit needed monthly for purchases from Ciocca Automotive - York Region in the space provided.
- ✓ All areas of the application must be completed. Business/Trade references may be provided separately. Please indicate to reference the separate documentation.
- ✓ The fax number or email for your business/trade references must be provided.
- ✓ The terms section must be signed and dated.

Return your completed privacy notice, application, and tax exemption certificate to my attention by fax, to the address below, or email as a PDF file.

It may be two or more weeks for the application to be processed. You will be notified in writing by mail or email.

Thank you!

Tiana Shue

Account Receivable

Ciocca Automotive – York Region

Tiana.shue@cioccaauto.com

P: 717.718.4027 F: 717.718.1422

Ext: 14027

Ciocca
Automotive

PRIVACY NOTICE

In connection with your transaction, we may acquire information about you as described in this notice, which we handle as stated in this notice.

1. We collect nonpublic personal information about you from the following sources:
 - Information we receive from you on applications or other forms;
 - Information about your transaction with us; and,
 - Information we receive from a consumer-reporting agency.
2. We may disclose all of the information we collect, as described above, to companies that perform marketing services on our behalf, or to financial institutions with whom we have joint marketing agreements. We may make such disclosures about you as a consumer, customer, or former customer.
3. We may disclose nonpublic personal information about you as a consumer, customer, or former customer, to non-affiliated third parties as permitted by law.
4. We restrict access to nonpublic personal information about you to those employees who need to know that information provide products, or services to you.

CUSTOMER ACKNOWLEDGEMENT: I (We) received a copy of this notice on the date indicated below.

Customer's Signature Date

Co-Customer's Signature Date

Customer's Name (Printed)

Co-Customer's Name (Printed) Date

Ciocca
Automotive



Application For Parts & Service Credit

Fax to: (717) 718-1422 or Email to: tiana.shue@cioccaaauto.com

Ciocca Chevrolet 1200 Loucks Road York, PA 17404

Ciocca Chevrolet of Red Lion 3220 Cape Horn Road Red Lion, PA 17356

Ciocca Chrysler Dodge Jeep Ram 200 Eisenhower Drive Hanover, PA 17331

Ciocca Ford of Red Lion 3250 Cape Horn Road Red Lion, PA 17356

Ciocca Ford of York 1801 Whiteford Road York, PA 17402

Ciocca Honda of York 1313 Kenneth Road York, PA 17404

Ciocca Nissan 1212 Loucks Rd York, PA 17404

Ciocca Subaru 1202 Loucks Road York, PA 17404

Ciocca Honda of Hanover 1226 Carlisle Street Hanover, PA 17331

Date_____ Credit Amount Requested_____

Company Name_____ DBA_____

Address_____ Billing Address_____

City_____ State_____ Zip Code_____ City_____ State_____ Zip Code_____

Phone_____ Fax_____ Email_____

BUSINESS AND CREDIT INFORMATION

Owner/Principal_____ Years in Business_____ Type of Business_____

Sole Proprietorship_____ Partnership_____ Corporation_____ Federal Tax ID_____

States Sales Tax ID#_____ A completed PA form Rev01220 AS + (908)(I) state tax exemption certificate is required otherwise sales tax will be charged. Do you require purchase orders? Yes___ No___

BUSINESS/TRADE REFERENCES

Company Name_____ Address_____

Phone_____ Fax(required)_____ Email_____

Type of Account_____

Company Name_____ Address_____

Phone_____ Fax(required)_____ Email_____

Type of Account_____

Company Name_____ Address_____

Phone_____ Fax(required)_____ Email_____

Type of Account_____

TERMS: BALANCES DUE 30 DAYS FROM STATEMENT

By signing this application I am authorizing you to contact my business/trade references. I acknowledge the above information provided is true and correct to the best of my knowledge. I agree to them terms of payment.

Signed by_____ Signed by_____

Title_____ Date_____ Title_____ Date_____

Ciocca Automotive Corporate office completes this section

Approved by _____ Date _____ Credit Limit _____

Additional comments: _____

Letter sent to customer _____ Managers notified _____