

SONOMA-MARIN FAIR
4TH DISTRICT AGRICULTURAL ASSOCIATION
175 FAIRGROUNDS DRIVE
PETALUMA, CA 94952
707-283-3247 707-283-3250 FAX

CREDIT CARD AUTHORIZATION FORM

Date: _____ To: _____

From: _____ Company: _____

Fax Number: _____ Phone Number: _____

OFFICE USE ONLY:

Date Received - _____	Receipt # - _____
Account #415 - \$ _____	Account #422 - \$ _____
Account #211 - \$ _____	Account #4730F \$ _____ 4770 - \$ _____

CREDIT CARD TYPE: VISA/MASTERCARD American Express Discover

In order to authorize the billing of charges to your credit card, please provide the following:

Credit Card # _____ CID # _____
(Last 3-Digits on back of card)

Exp. Date: _____

Purpose (circle): Deposit Only / Balance Due

Deposit Amt: \$ _____ Balance Due Amt: \$ _____

Other – Please indicate: Insurance, Minimum Guarantee, Electrical, RV, additional credentials, etc.

Other: _____ Amount: \$ _____

Name of Cardholder: _____

Cardholder's Address: _____

My signature hereby authorizes the Sonoma-Marin Fair to charge the amount, based on the above information, to the credit card listed above.

Cardholder's Signature: _____

Cardholder's Phone Number: _____

NOTE: This sheet will be shredded post fair