

Payment by Credit Card Authorization Form

Use this form if you wish to charge your payment to VISA, MasterCard, AMEX or Discover Card. This form <u>must</u> accompany your contract/invoice. Please complete and mail or fax with your contract or invoice. <u>Remember to put your company name on this form.</u>

Important Notice: A 3.5% surcharge will be added to all credit card transactions.

All information is confidential

Cardholder's name:	
Billing Address:	
T. I. I.	
Telephone:	
Email:	
Type of Card:	
Credit Card Number:	
Expiration Date:	3 Digit # from back of card
Total Amount Charged:	
A 41 1 161 4	
Authorized Signature:	
Date:	
Please charge the above c	redit card for the 2 nd payment on
	(Initial)

Please return to: Central Washington State Fair

Gail Ragland – Commercial Exhibits & Food Concessions Department

gailr@fairfun.com

1301 S. Fair Avenue Fax: 509-248-8093

Yakima, WA 98901 Phone: 509-248-7160 ext. 105