# FORT BEND COUNTY FAIR
# ADD-ON FORM

Payment _____
Check ____ Cash ____
Invoice ____ CC ____
By _____

**Buyer #_____**

**Buyer:_____**

**Buyer Contact:_____**

**Mailing Address:_____**

**City:_____ ST:_____ Zip:_____**

**Buyer Email:_____ Phone No._____**

**Buyer's Signature:_____ Date:_____**

**Circle One Jr LVS Auction * Replacement Heifer * Freezer Sale * Art**

**(One Add-On Form per auction, do not combine different auctions on one form)**

| Lot No. | Name of Exhibitor | Add-On Amount |
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****ATTENTION****
**Thank you for your support. Add-On form totals less than $350 will need to be paid in full at the time form is turned in. If payment is not received within 30 days from invoice date, a 1.5% monthly service charge will be applied.**

3% CC Fee

**Total: _____**