

## **Credit Card Authorization Form**

(Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name:			Date:		
Billing Address:		Phone:			
City/State:		Zip			
Credit Card Type:	□ Visa	☐ MasterCard	☐ Discover	☐ American Express	
Credit Card #:		Expiration Date:			
3-digit CVV code:					
Payment amount: \$ _		U.S.D. + 4% convenience fee of \$ = \$ (total authorized amount)			
I hereby authorize Extrac	o Events Center to	charge my credit card the a	above \$ amount.		
Printed Name (as it appears on credit card)		Customer Signature			
Payment For:					
☐ Show Entries	□ Stalls		□ Other:		
Please Initial: Please Please	hold this credit	card to be used for ac	lditional charges, as r	needed.	
Payment amount: \$ _		_ U.S.D. + 4% conver	= \$(total authorized amount)		

Please hold for check payment at show. I acknowledge this card may be charged if I fail to bring check to show office