

## Credit Card Authorization 2023

## Please complete the information requested below and return this form with your order/request form.

| Company / Contract Name:   |                       |
|--|-----------------------|
| Cardholder's Name (as it appears on this card):  |                       |
| Cardholder's Billing Address:  | ·                     |
| City, State, Zip:  |                       |
| Telephone:   | Fax:                  |
| CARD #:  | <del>-</del>          |
| We accept VISA or MasterCard ONLY, (please circle appropriate choice for use at this time) |                       |
| Three Digit CVV on back of card  |                       |
| Amount Authorized: \$  | Card Expiration Date: |
| Renewal # / Contract # / Reservation # (if known):   |                       |
| Name Printed   | Authorized Signature  |

Please return to: Aksarben Stock Show Sales Manager, Jenny Lech, jlech@statefair.org
OR FAX:(308) 384-1555 OR CALL: Sales Dept. Office Phone: (308) 382-1606