

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 * Commercial 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

****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.

Total: _____