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

****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: _____