

# 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
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**Total:** \_\_\_\_\_