Add-On Form

Buyer Name: _____Buyer #: _____

Address:_____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Lot #	Exhibitor's Name	$ Amount

Total: $_____

*****EXHIBITOR MUST MAKE THE AUCTION TO RECEIVE ANY ADD-ON CONTRIBUTION*****

Check or Credit Card payment MUST accompany this form.

Make checks payable to: San Bernardino County fair

Mail to:

San Bernardino County Fair, ATTN: Jennifer Morgan

14800 Seventh St., Victorville, CA 92395

Copy of the Front and Back of the Credit Card must be mailed with this form

A convenience fee will be applied for all credit card transactions

Payment Information

Paid by: Check#_____ Money Order#_____

Please Bill my credit card: Credit Card #_____Exp. Date_____ Sec/CVC#_____ Zip_____

***NOTE: There is a 5% processing fee for ALL Credit Card charges**

Billing address if different than above:

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