2021 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

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

Payment Information

Paid by: Check#_____ Money Order#_____

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

Billing address if different than
above:_____