



Payment by Credit Card Authorization Form

Use this form if you wish to charge your payment to VISA, MasterCard, AMEX or Discover Card. This form **must** accompany your contract/invoice. Please complete and mail or fax with your contract or invoice. **Remember to put your company name on this form.**

Important Notice: A 3.5% surcharge will be added to all credit card transactions.

All information is confidential

Cardholder's name: _____

Billing Address: _____

Telephone: _____

Email: _____

Type of Card: _____

Credit Card Number: _____

Expiration Date: _____ **3 Digit # from back of card** _____

Total Amount Charged: _____

Authorized Signature: _____

Date: _____

Please charge the above credit card for the 2nd payment on _____

(Initial)

Please return to: Central Washington State Fair
Gail Ragland – Commercial Exhibits & Food Concessions Department
gailr@fairfun.com
1301 S. Fair Avenue
Yakima, WA 98901

Fax: 509-248-8093
Phone: 509-248-7160 ext. 105