

CREDIT CARD AUTHORIZATION FORM



Name: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Use this card to pay for the following Responsible parties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT CARD INFORMATION**

Type of Credit Card:  Visa  Mastercard  Amex

Name on Card: \_\_\_\_\_ Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Zip: \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Amount to be charged:**  All Charges  Stall(s) Only  EntriesOnly  Specific Amount \$ \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

There is a 4% service fee for credit card usage.

**This section for Office Use Only:**

Payment 1: Date: \_\_\_\_\_ Auth # \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Initials: \_\_\_\_\_

Payment 2: Date: \_\_\_\_\_ Auth # \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Initials: \_\_\_\_\_

Payment 3: Date: \_\_\_\_\_ Auth # \_\_\_\_\_ Amt: \$ \_\_\_\_\_ Initials: \_\_\_\_\_