



Nebraska State Fair

Credit Card Authorization

Please complete the information requested below and return this form with your order.

Company / Contract Name: _____

Cardholder's Name (as it appears on this card): _____

Cardholder's Billing Address: _____

City, State, Zip: _____

Telephone: _____

Fax: _____

Authorized Signature

Name Printed

CARD #: _____

We accept **VISA** or **MasterCard** (ONLY, please circle appropriate choice for use at this time)

Amount Authorized: \$ _____

Expiration Date: _____

Renewal # or Contract #: _____

Please return to: **Nebraska State Fair, PO BOX 1387, Grand Island, NE 68802-1387**
Phone: (308) 382-1606 Fax: (308) 384-1555