



# 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: \$ \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Renewal # or Contract #: \_\_\_\_\_

Please return to: **Nebraska State Fair, PO BOX 1387, Grand Island, NE 68802-1387**  
OR CALL: Facility Phone #: (308) 382-1606 or (308) 385-3925 OR FAX: (308) 384-1555