



# Credit Card Authorization

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

Company / Contract Name: \_\_\_\_\_

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

Cardholder's Billing Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

CARD #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Three Digit CVV on back of card \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

Renewal # / Contract # / Reservation # (if known): \_\_\_\_\_

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Authorized Signature

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