



Credit Card Authorization Form

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)

Amount Authorized: \$ _____ Card Expiration Date: _____

Three Digit CVV on back of card _____

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