



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 the appropriate choice for use at this time)

NOTICE: A 3% CC transaction fee will be added to all credit card payments. If you prefer to avoid this fee, you are welcome to pay by check.

Amount Authorized: \$ _____ Card Expiration Date: _____

Three Digit CVV on the 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