



**CREDIT CARD AUTHORIZATION FORM**

Please Email to: [jkant@scfair.org](mailto:jkant@scfair.org) & [atejano@scfair.org](mailto:atejano@scfair.org)

Company/Event: \_\_\_\_\_  
Description: \_\_\_\_\_  
Cardholder Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Credit Card – last 4 digits ONLY: \_\_\_\_\_

(full credit card number is obtained below)

Credit Card – Expiration Date: \_\_\_\_\_

Amount Authorized to Charge: \$ \_\_\_\_\_

One Time      Weekly      Monthly

I authorize Solano County Fair to charge the above credit card for the amount noted above.

Cardholder Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*This top portion will be retained for our records. For our clients' security, only the last 4 digits of the credit card are shown.  
Please enter 16 digit credit card number below. The bottom portion will be shredded/destroyed upon processing.*



**16 digit credit card number**

Credit Card Number: \_\_\_\_\_

CVC Number: \_\_\_\_\_

**Once credit card is processed for payment, immediately cut the form at the gray line and shred/dispose of the above 16 digit credit card number.**