



CREDIT CARD AUTHORIZATION FORM

Please Email to: jkant@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: \$ _____

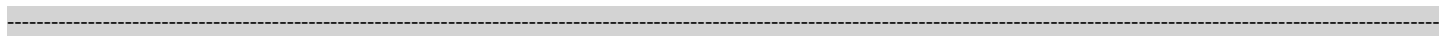
One Time Weekly Monthly

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.