



## 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)

**(All credit card transactions will include a 3% processing fee)**

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