

SONOMA - MARIN FAIR  
4<sup>TH</sup> DISTRICT AGRICULTURAL ASSOCIATION  
175 FAIRGROUNDRIVE  
PETALUMA, CA 94952  
707-283-3247 707-283-3250 FAX

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**CREDIT CARD AUTHORIZATION FORM**

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DATE: \_\_\_\_\_ TO: \_\_\_\_\_

FROM: \_\_\_\_\_ COMPANY: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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**OFFICE USE ONLY:**

Date Received -	Receipt # -
Account #415 - \$	Account #422 - \$
Account #211 - \$	Account #4730F/4770 - \$

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CREDIT CARD TYPE:      VISA /    MASTERCARD

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**In order to authorize the billing of charges to your credit card, please provide the following:**

Credit Card # \_\_\_\_\_ CID # \_\_\_\_\_  
(Last 3-Digits on back of card)

Exp. Date: \_\_\_\_\_

Purpose (circle): Deposit Only / Deposit and Balance Due

Deposit Amt: \$ \_\_\_\_\_ Balance Due Amt: \$ \_\_\_\_\_

Other – Please indicate: Insurance, Minimum Guarantee, Electrical, RV, additional credentials, etc.

Other: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

\_\_\_\_\_

My signature hereby authorizes the Sonoma-Marin Fair to charge the amount, based on the above information, to the credit card listed above.

Cardholder's Signature: \_\_\_\_\_

Cardholder's Phone Number: \_\_\_\_\_

**NOTE: This sheet will be shredded post fair**