



Credit Card Authorization Form

Name of Event: _____

Name on Card: _____

Vendor/Booth Name: _____ Booth #: _____

Billing Address: _____

Phone: _____

Type of Card: VISA MasterCard Discover

(Please note we are unable to accept American Express Cards)

Credit Card Number: _____

Expiration Date: _____ / _____

VID code: _____
(last 3 digits on back of card)

Amount Approved to charge: _____

Signature of Cardholder: _____

(I approve the charges and terms of agreement with the card issuer)

**Please fax this form to: 360-397-6185
Or submit with your contract**

The Clark County Fair will keep all information on this form strictly confidential

Clark County Event Center · 17402 NE Delfel Road · Ridgefield, WA 98642
(360) 397-6180 · (360) 397-6185 fax