



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(Pls Include Billing Zip Code) \_\_\_\_\_

Credit Card Type:    \_\_\_ Visa    \_\_\_ Mastercard    \_\_\_ Discover    \_\_\_ AmEx

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

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize *Tri County Fairgrounds* to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

Tri County Fairgrounds  
PO Box 608  
Bishop, CA 93514  
Email: [Info@tricityfair.com](mailto:Info@tricityfair.com)