

# El Dorado County Fair Association

100 Placerville Drive  
Placerville, CA 95667

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## CREDIT CARD AUTHORIZATION FORM

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**NAME:** \_\_\_\_\_ **TO: EL DORADO COUNTY FAIR ASSOCIATION**  
**COMPANY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_ **PHONE NUMBER: (530) 621-5860**  
**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER: (530) 295-2566**

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

Credit Card# \_\_\_\_\_ CID# on back \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Card type: MC VISA

Purpose: Deposit Balance Due Insurance Other \_\_\_\_\_

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

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

\_\_\_\_\_

My signature hereby authorizes the El Dorado County Fair to charge the amount, based on the above information, to the credit card listed above.

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

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

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**Office Use Only:**

**Batch:**

**Acct:**

**Date Received:**