



CREDIT CARD AUTHORIZATION FORM

Email Form to: Tawana.Mobley@FloridaStateFair.com

Fax Form to: (813) 740-3505

Florida State Fair Authority
 PO Box 11766
 Tampa, Florida 33680
 Phone (813) 627-4356
 Fax: (813) 740-3505

PAYMENT TYPE

CREDIT CARD

For your convenience, we will use this authorization to charge any remaining balance on your account prior to the event end. A copy of final charges will be sent to the email address provided on this form.

TERMS

Please complete requested information on this form for payment of balance due. For your convenience, we will use this authorization to charge your credit card account for any additional amounts incurred as a result of show/site orders placed by your representative. The Fair Authority has the right to charge a 2.5% processing fee.

EVENT:	2020 FAIR EXPO HALL VENDOR
CHOOSE ONE:	<input type="checkbox"/> \$100 Deposit Only <input type="checkbox"/> \$100 Deposit + Balance Due on Due Date
COMPANY:	
CONTACT:	
CELL:	
STREET ADDRESS:	
CITY, STATE ZIP	
EMAIL:	

AMOUNT CHARGED (TO BE COMPLETED BY FAIR AUTHORITY ONLY)

TOTAL CHARGE	DATE	PURPOSE

BY SIGNING AND PLACING THIS ORDER, I ACCEPT ALL PAYMENT POLICIES AND THE TERMS AND CONDITIONS OUTLINED ON ALL FORMS COMPLETED.

SIGNATURE:	
PRINT NAME:	
DATE SUBMITTED:	

PAYMENT INFORMATION

CREDIT CARD TYPE:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS													
CREDIT CARD NUMBER:														
EXPIRATION DATE:														
STREET ADDRESS:														
CITY, STATE ZIP:														
SECURITY CODE:														
CARD HOLDER NAME:														