



CREDIT CARD PAYMENT REQUEST

Please **TYPE** or **PRINT** the information below if you wish to pay by credit card. This form is also available online in downloadable format at www.kansasstatefair.com. If you choose to have your July 15 payment paid with this same card, please check the corresponding box below and indicate the date (prior to or on July 15) you would like the card to be charged.

Name of Company or Agency: _____

Billing Address/Zip Code for Card Holder: _____

(Note: Billing Address must be correct for credit card in order for credit card to be processed)

MASTERCARD

DISCOVER

VISA (Include V-Code from back of Card. Note: Last THREE digits)

V-Code: _____

Name As Appears On Credit Card: _____

Credit Card #: _____ Amount to Charge \$_____

Expiration: Month _____ Year _____ Charge for: _____ Full Amt, _____ Half Amt, and/or _____ Tickets

Signature of Card Holder or Authorized Representative: _____

Approval is also given to use above card to charge my July payment on (list date): _____

I am a new exhibitor and I give authorization to charge my card for my second payment on the contracted due date on (list date): _____

Special instructions for second payment: _____
