



Credit Card Authorization Form

(Use this form if you'd like to pay with a credit card instead of a check.)

Customer Name: _____ Date: _____

Billing Address: _____ Phone: _____

City/State: _____ Zip _____

Credit Card Type: Visa MasterCard Discover American Express

Credit Card #: _____ Expiration Date: _____

3(or 4)-digit CVV code: _____

Payment amount: \$ _____ U.S.D. + 5% convenience fee of \$ _____ = \$ _____
(total authorized amount)

I hereby authorize SERHA to charge my credit card the above \$ amount.

Printed Name (as it appears on credit card)

Customer Signature

Payment For:

Show Entries Stalls Other: _____

Please Initial:

_____ Please hold this credit card to be used for additional charges, as needed.

Payment amount: \$ _____ U.S.D. + 5% convenience fee of \$ _____ = \$ _____
(total authorized amount)