



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____
(or four digits located on front of AmEx card)

Amount to Charge: \$ _____ (USD)

I authorize the San Joaquin Asparagus Festival to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

Once signed return the completed form via email: vendors@sanjoaquinasparagusfestival.net or by fax: 209-234-1780 or by mail: PO Box 340, French Camp, CA 95231