



CREDIT CARD AUTHORIZATION

Business Name: _____

Card Holder Name (Print): _____

Account Number: _____

Expiration Date: _____ Security Code/CVV on back of card: _____ Billing Zip Code: _____

Amount Charged: \$ _____ Date: _____ Vendor ID: _____

Refer to invoice

Signature: _____

Please check one:

1st payment 50% of total balance due on or before May 1.

2nd payment of total balance due on or before July 1.

Paying total balance due.

Please check the box if you authorize your 2nd payment (balance due) to be made on July 1, 2017.
(A notification email will be sent prior to your card being charged.)

Please submit this form with a copy of your invoice by mail or email to:

Tulsa State Fair
Marilyn Herman
4145 E. 21st Street
Tulsa OK 74114

[o] (918) 744-1113 ext. 2100

[e] mherman@exposquare.com