

Credit Card Authorization Form

Instructions

1. Complete the form by printing legibly with a dark pen, all billing and shipping information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax all this form, along with the photocopy of the signed credit card, back to us at 1-805-569-5595 to complete your order.

I, _____ hereby authorize Earl Warren Showgrounds to charge my credit card account in the amount of \$_____ (including shipping and/or taxes, if applicable).

Type of Card: Visa Master Card Discover American Express

Credit Card Number _____

Expiration Date _____ CVC Code (last three digits on the number on the back of the card) _____

Credit Card Billing Address

Client Address (If different from billing)

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone: _____

Telephone: _____

Cardholder's Signature _____

Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Earl Warren Showgrounds.

Complete and fax all documents required to: 1-805-569-5595