



CREDIT CARD AUTHORIZATION FORM

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

Cardholder Name: _____

Business Name: _____

Billing Address: _____

Credit Card Type (circle one): Visa MasterCard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number

(last 3 digits located on the back of the credit card): _____

(or 4 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

Signature: _____ Date: _____

Printed Name: _____

Return the completed form via email: vendors@sanjoaquinasperagusfestival.net
or by mail: PO Box 340, French Camp, CA 95231