



Credit Card Authorization Form

Instructions:

1. Complete the form.
2. Sign where indicated.
3. Submit by mail or fax.

Submit to:

Attention: Fiscal Office
Ohio Expo Center & State Fair
717 East 17th Avenue
Columbus, Ohio 43211-2698
(614) 644-4031 - fax
(614) 644-4136 - office

Cardholder Name _____

Contract Number _____

Telephone _____

I hereby authorize the Ohio State Fair to charge from my credit card account the following amount: \$ _____

Credit Card (circle one):

MasterCard

Visa

Discover

Card Number

Expiration Date

CID Number (three digits to the right of the credit card number in the signature area on back of the card)

*The code value helps validate the customer has the credit card in his/her possession and the card account is legitimate.

Billing Address _____

Signature: _____

Date: _____